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ABSTRACT

The multimedia package for educators was developed from 22 demonstration training projects and is on the prevention and treatment of child abuse and neglect. The package contains two filmstrips with associated tape cassettes, a trainer's guide, and individual packets for ten training sessions (each containing transparencies, worksheets, and resource materials). Training information and suggested activities are given for each of the 10 sessions covering the following eight topics: the problem/responsibility (basic information about child abuse and understanding of the educator's responsibilities); identification (recognition of the indicators of child abuse and neglect); community response (relationship of the educator to other community agencies); policy (development of school policy in the context of a coordinated community effort); the school based team (for the prevention and treatment of child abuse and neglect); school programing (use of school programs and educators to provide support services to the child and family); the community team (the position of the educator on the community multidisciplinary team); and community outreach. The two filmstrips consider what the educator sees and what the educator can do. Both individual and program evaluation materials are provided. (PHR)

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Preface

The Child Abuse Prevention and Treatment Act (P.L. 93-247, as amended) charges the National Center on Child Abuse and Neglect (NCCAN) to "compile, publish and disseminate training materials for personnel who are engaged or intend to engage in the prevention, identification, and treatment of child abuse and neglect ..." (Section 2(b)(3)).

To fulfill this legislative mandate, the National Center began the development of the *We Can Help* curriculum in 1974, working through contracts with the Urban and Rural Systems Associates (URSA) of San Francisco and META/4 of Los Angeles. The extensive multimedia product of USRA's and META/4's efforts was completed in October 1976. It was composed of a 12-unit "core" curriculum for multidisciplinary audiences and specialized units for social workers, health and medical professionals, educators, and law enforcement professionals. During the following 12 months, this first edition of *We Can Help* formed the basis for the National Center's demonstration training grants program, conducted with 16 state public agencies and 6 national professional membership associations. All or parts of the curriculum were used to provide training for over 23,000 participants.

Following the evaluated experience of the 22 demonstration training projects, the National Center revised and expanded the *We Can Help* curriculum. Its components now include:

- The basic curriculum on child abuse and neglect
- Building skills in dealing with families
- Specialized training for child protective workers.
- Specialized training for educators.

Additional components of *We Can Help* which are in the process of revision or development are:

- Specialized training for law enforcement professionals.
- Specialized training for medical professionals.
- Specialized training for court personnel.
- Specialized training for public health nurses.

The National Center's responsibility in the area of training is only partially addressed by the development and dissemination of *We Can Help*. Through the network of Regional Child Abuse and Neglect Resource Centers, the National Center seeks to assist in the establishment of ongoing preservice and inservice training programs for all those who have roles in combating child abuse and neglect. The curriculum materials contained in this volume and in the companion volumes and audiovisual materials that make up *We Can Help* are meant to serve as tools for community efforts to prevent and treat child abuse and neglect more effectively.

National Center on Child
Abuse and Neglect

Introduction

To date, the idea of training educators to assist in the prevention and treatment of child abuse and neglect has been addressed largely by numerous interested professionals, most of whom represent areas of expertise other than education. The result of this, while appropriate, has not been comprehensive. To train educators to understand their legal responsibilities and their professional responsibility to abused and neglected children and their families, programs must be designed to build on the skills of educators and the unique capabilities of schools to help children.

A review of current child abuse and neglect program descriptions yields a rather limited role for educators, concentrated mainly in the area of reporting and developing school policy on reporting. A small number of programs emphasize that schools should sponsor parenting education courses. Besides being limited, the roles described for educators in the majority of demonstration or training efforts seem to be quite removed from the concept of a multidisciplinary approach to the prevention and treatment of child abuse and neglect. A few multidisciplinary teams include early childhood educators; however, very few use available skilled educators in the diagnosis or treatment of older children. Correspondingly, the majority of available research concerns the younger child. However, more than half the maltreated children in this country are of school age. One fourth of the total number are adolescents. Therefore, the majority of abused and neglected children are in the school population.

Educators are now involved in child protection by virtue of mandated responsibility, professional commitment, and personal concern. For these reasons, they want to know how to respond effectively to child abuse and neglect. Since school personnel frequently are the first ones alerted to a child's physical and emotional symptoms, there is general agreement that more inservice training must be made available to educators so they can act in a responsible and helpful way. For this reason, the National Center on Child Abuse and Neglect (NCCAN), Administration for Children, Youth and Families, US Department of Health, Education and Welfare, has awarded The Council for Exceptional Children a one-year grant to revise and develop training materials for educators in the area of child protection. This manual was designed to provide training for all educational roles and groups.

— Mary McCaffrey
Project Director

— Stephanna Tewey
Program Designer/
Trainer

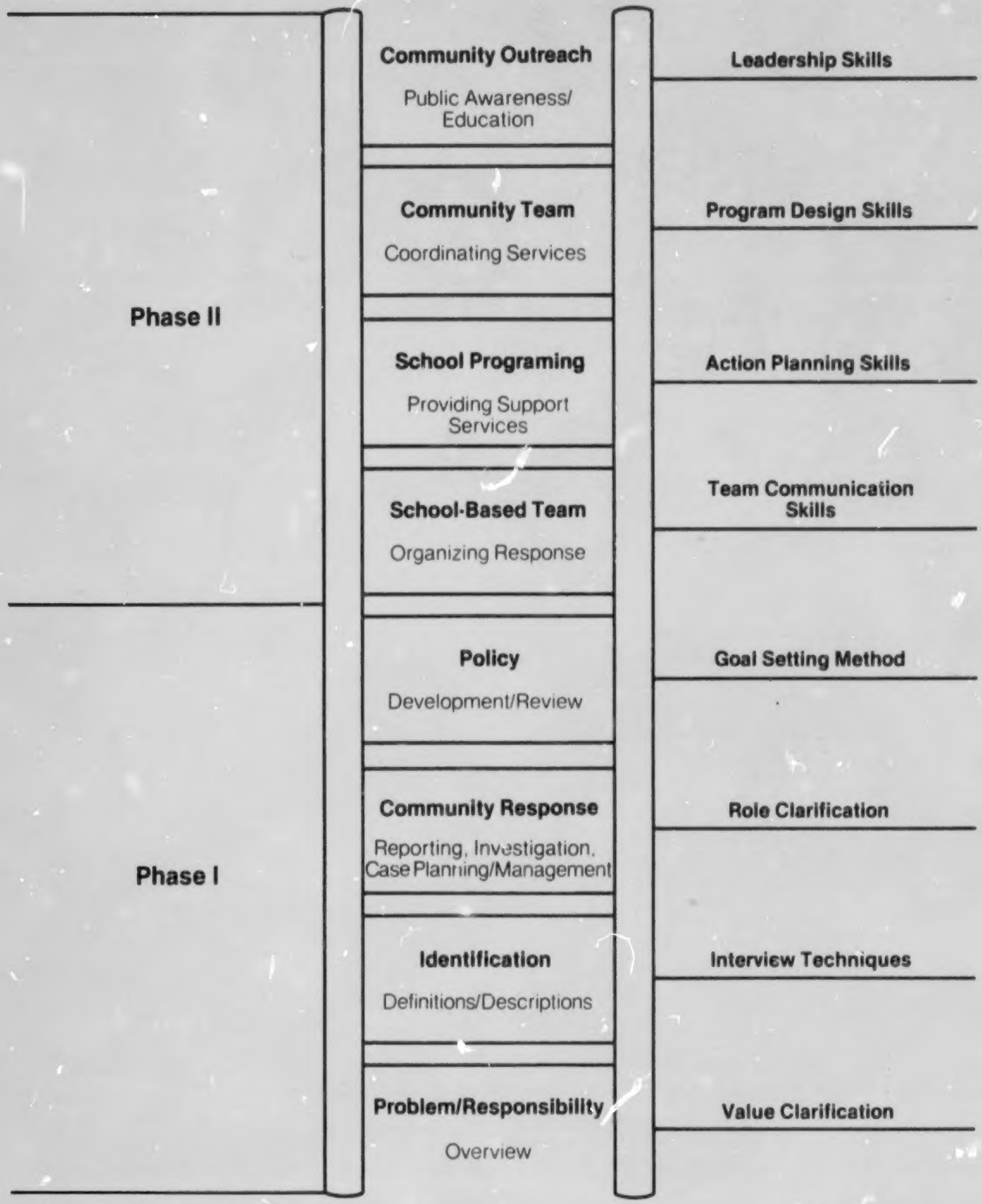
WE CAN HELP

TRAINERS GUIDE

Program Overview and Guidelines for Trainer Preparation

8

Child Abuse and Neglect
Training Program Overview


Phase II
Community Outreach
Public Awareness/ Education
Leadership Skills
Community Team
Coordinating Services
Program Design Skills
School Programing
Providing Support Services
Action Planning Skills
School-Based Team
Organizing Response
Team Communication Skills
Phase I
Policy
Development/Review
Goal Setting Method
Community Response
Reporting, Investigation, Case Planning/Management
Role Clarification
Identification
Definitions/Descriptions
Interview Techniques
Problem/Responsibility
Overview
Value Clarification

Training Program Goals

PHASE I

Problem/Responsibility
To acquire basic information about child abuse and neglect with an understanding of the educator's legal, professional, and personal responsibilities.

Identification
To recognize the indicators of child abuse and neglect and be familiar with appropriate interview techniques to use with children.

Community Response
To understand the role of the educator in relation to professional responsibilities and operating procedures of other community agencies when dealing with families during the process of reporting, investigation, case planning, and management.

Policy
To understand how school policy is developed and reviewed in the context of a coordinated community effort.

PHASE II

School Based Team
To understand the function of the school based team in the prevention and treatment of child abuse and neglect.

School Programing
To identify alternative users of existing school programs and recognized skills of educators in providing support services to the child and outreach to the family.

Community Team
To understand the position of the educator on the community multidisciplinary team that has case planning and management responsibilities.

Community Outreach
To consider options for promoting wide scale community education and awareness through advocacy or direct service.

Training Orientation

This specialized training in child protection uses an experience based approach to learning. Activities are designed to enable educators to respond effectively when dealing with child abuse and neglect problems in school. Each session begins with an exercise that sets a climate for participant involvement in the learning process. Objectives are stated to clarify activity purposes.

Learning needs of educators related to child maltreatment problems are addressed in the three dimensions:

- Knowledge (basic concepts, background information, and facts).
- Understanding (attitudes, feelings, and opinions).
- Skills (competencies, strategies, techniques).

The ladder overview illustrates these as steps according to the educator's level of involvement in child protection.

Phase I program components introduce information and action needed for the immediate protection of children. Phase II presents a school organizational approach to providing support services for maltreated children and their families. Specific skills are related to each program component and are presented in a sequence during ten sessions.

The ladder image illustrates the developmental learning process. Each rung of the ladder adds a communication skill as the dynamics become more complex. Therefore, if a session is omitted, it is more difficult to advance to the next step.

Experienced based training, using a skill development approach, is congruent with adult psychology. Malcolm Knowles, a leading adult educator at North Carolina State University, expands on adult learning theory in his article, "Notes on How Adults Learn." These ideas provide the foundation of this training program.

Notes on How Adults Learn

What follows are *assumptions* about the unique characteristics of adults as learners and the related *implications* for the technology of adult education. This is excerpted by special permission from a speech by Malcolm Knowles, delivered at a general session of the 1966 Chicago National Conference of Adult Education Association and printed in *Adult Leadership* magazine, February 1967.

1. Self concept

Youths tend to see themselves as essentially dependent persons. They expect that most of the important decisions affecting their lives will be made for them by adults. They enter into an educational activity accordingly, with the concept that their role is the more or less passive one of receiving the information adults have decided they should have. They may gripe about particular impositions of the adult world's will on them, but they accept them as being congruent with their self concept of dependency.

Adults, on the other hand, tend to see themselves as responsible, self directing, independent personalities. In fact the psychological definition of adulthood is that point at which an individual becomes self responsible and self directing. For this reason, *adults have a deep psychological need to be treated with respect, to be perceived as having the ability to run their own lives.* They tend to avoid, resist, and resent being placed in situations in which they feel they are treated like children—told what to do and what not to do, talked down to, embarrassed, punished, judged. *Adults tend to resist learning under conditions that are incongruent with their self concept as autonomous individuals.*

Implications . . .

More attention is given to the quality of the learning environment. It is important to create a climate of mutual respect between leader and learners. An adult atmosphere is established by arranging the physical setting to provide comfort and easy interaction (chairs at tables or in circles, not in rows). The teacher is supportive rather than judgmental. An adult learning situation is friendly and informal, not aloof and formal.

Adults can be helped to diagnose their own needs in learning. Good developers of adults are skilled in creating nonthreatening situations (case discussions, role playing episodes, laboratory projects) in which individuals can discover for themselves what they need most to learn. Naturally, there are other needs that must be taken into account—those derived from the teacher's experience with the subject-matter and those of the sponsoring institution. These needs, however, are negotiated with the learners in the spirit of "Let's create learning experiences that will meet both your needs and our needs"; they are never imposed on learners to the exclusion of their own concerns.

Adults can be involved in planning and conducting their own learning. In the new technology of adult education, great emphasis is placed on the resource person and the learners working together on translating diagnosed needs into specific educational objectives and then designing learning experiences to achieve these objectives. A modern adult learning situation is alive with meetings of small groups—planning committees, project teams, task forces—sharing responsibility for helping one another learn.

Adult learners can evaluate their own progress toward their learning goals. In modern adult education the teacher does not set himself up as the judge of how well the students are doing. Instead, he devotes his energy to helping the adults create devices and procedures for getting evidence about the progress they are making. In fact, many of the same procedures that are used to diagnose needs for learning (case problems, skill performance exercises, etc.), can be used as before and after measures of progress in learning.

2. Accumulated Experience

A given adult enters into the educational activity with a different background of experience from that of his youth. Having lived longer, he has accumulated a greater volume of experience. He also has had different kinds of experience: few youths have had experience in making their own living, marrying, having children, taking real community responsibilities, or being responsible for the welfare of others.

For this reason, *adults are themselves a richer resource of one another's learning than youths usually are.* They are less dependent on the vicarious experiences of teachers, experts, and textbooks.

Another advantage grows out of the psychological principle that new learnings can usually be grasped more easily when they can be related to past experiences. Adults have a broader foundation of past experience on which to base new learnings.

Because of their past experience, adults may have more fixed habits of thought, and sometimes this gets in the way of their learning better habits. This unconscious or spontaneous dependence on habit can make creative thinking and innovation difficult without some external encouragement toward change.

Implications . . .

Greater emphasis can be placed on techniques that tap the experience of the adult learners, such as group discussion, the case method, the critical incident process, simulation exercises, role playing, skill practice exercises, field projects, action projects, laboratory training, demonstrations, group interviews, seminars, and audience participation patterns. A great ferment of inventiveness since World War II has produced a large reservoir of such experimental techniques. These have largely displaced the traditional transmittal procedures such as lectures, assigned readings, quizzes, and canned audiovisual presentations, as the backbone of adult educational methodology.

Greater care must be taken to illustrate new concepts or broad generalizations with life experiences drawn from the learners.

Special attention should be given to introductory activities that help adults to "unfreeze" their fixed habit patterns. Leaders of adults often devote as much as the first third of a total program to establishing an atmosphere in which people feel free to admit deficiencies, providing objective and nonthreatening feedback to learners on their performance, and engaging them in a process of self diagnosis of their needs and goals for learning.

3. Readiness to Learn

It is now widely accepted in our culture that children and youth learn best those things that are necessary for them to advance from one phase of development to another. Each of these "developmental tasks" produces a "readiness to learn" that at its peak presents a "teachable moment." For example, we all have to accept the fact that we can't make a child learn to walk until he has mastered the art of crawling and has become frustrated at not being able to stand up and walk over to turn the TV knob by himself. At that point, and only then is he ready to learn, for it has become his developmental task.

Recent research indicates that the same phenomenon is at work during the adult years. Adults, too, have their phases or growth and resulting developmental tasks. Robert Havighurst of the University of Chicago, who pioneered in this area of research, divides the adult years into three phases—"early adulthood," "middle age," and "later maturity"—and identifies the main developmental tasks for each phase.

These developmental tasks are related to what Havighurst calls "the ten social roles of adulthood": worker, mate, parent, homemaker, son or daughter, citizen, friend, organization member, religious affiliate, and user of leisure time. It is possible, therefore, to trace the changes in developmental tasks, and consequently in readiness to learn, through the changes that occur in the requirements of each of our social roles.

For example, in a person's role of worker his first developmental task is to get a job. At that point he is ready to learn anything required to get a job, but he definitely isn't ready to learn to become a supervisor. Having landed a job, he is faced with the task of mastering it, and at that point he is ready to learn the special skills it requires, the standards that are expected of him, and how to get along with his fellow workers. Having mastered his basic job, his task becomes one of working up the occupational ladder. Now he becomes ready to learn to become a supervisor or executive. Finally, after reaching his ceiling, he faces the task of dissolving his role of worker—and is ready to learn about retirement or substitutes for work.

Implications . . .

The sequence of learnings should be strongly influenced by the developmental tasks of the learners, not just by the logic of the subject matter or the needs of the sponsoring institution. For example, an orientation course for new workers fresh from school would not start with the history and policies of the company; it would probably start with a practice try—out in their new work.

Learners should be grouped according to their developmental tasks. For some kinds of learning, they are grouped homogeneously. (For example in a program on child care, young parents would be dealt with separately from middle aged parents.) For other kinds of learning they might be grouped heterogeneously (e.g., a program of human relations training in which the objective is to help people learn to get along better with all kinds of people; the groups would cut across age and status levels.)

4. Time Perspective

Youths tend to perceive most of their learning as being for use later in life; their time perspective is one of postponed application. They regard learning as a process of accumulating a pool of subject-matter knowledge and skills that may prove to be worthwhile when they become adults. They tend to enter any educational activity in a subject-centered frame of mind.

Adults, on the other hand, engage in learning largely in response to pressures they feel from current life problems; their time perspective is one of immediate application. They regard learning as a process of improving their ability to deal with problems they face now. They tend to enter any educational activity in a problem-oriented frame of mind.

Implications . . .

The starting point of all learning activities can be the problems and concerns the adult learners bring in with them. Where the opening session of a youth education program might be titled "What this course is all about," the opening session in an adult education program would be titled "What are you hoping to get out of this course?" and one of the early activities would be a problem census or a diagnostic exercise through which the participants would identify the specific problems they want help on. Of course, there may be other problems that the teacher or the sponsoring institution are expecting to deal with, and these can be introduced into the picture along with the participants' problems.

The central organizing principle for sequences of learning units should be problem areas rather than logical subject-matter divisions. For example, instead of a sequence on supervision being organized into such units as "Elementary Principles of Supervision," " Supervisory Theory and Practice," and "Advanced Supervisory Techniques " it would be more likely to be organized into such units as "Getting Ready to be a Supervisor," "Dealing With the Daily Problems of a Supervisor," and "Improving Your Ability to Help Subordinates Develop."

Leaders and teachers of adults can emphasize their function of helping their students learn to cope better with their problems, rather than telling them what would be good for them. The modern teacher of adults is person-centered (and therefore also problem-centered) rather than subject-centered.

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Trainer Qualifications

This program is designed to be delivered by a team of experienced trainers. Ideally, persons who work in the trainer role would have the following expertise:

- Knowledge of child maltreatment in all definition areas with casework experience.
- Understanding of group dynamics with ability to facilitate interaction.
- Experience in school systems
- Understanding of the school organization and the educator's perspectives when dealing with child maltreatment problems.
- Familiarity with the experience based approach to training.

Individuals working together on a training team have the advantage of complementing each other with personal strengths in different areas of expertise. An interagency team would effectively integrate necessary knowledge and skills while modeling professional collaboration for the participants. There *must* be a major training role for an educator on this team.

A qualified trainer who is adequately prepared will:

- Read the trainer manual.
- Read the "Resource Materials" for all ten sessions.
- Read trainer directions for each activity.
- View filmstrips and film (recommended film for Session 3).
- Review primary training materials (see p. 11).
- Research local child abuse and neglect legislation and school policy.

A qualified trainer who works effectively with a group will:

- Avoid imposing personal opinions during discussions.
- Encourage participants to share their knowledge of and experience with the issues raised.
- Point out similarities and differences between ideas and feelings without making value judgments.
- Summarize key issues by drawing on group experience.
- Check to see if directions are clear.
- Keep answers brief and specific when responding to questions.
- Record participant comments to clarify learning.
- Encourage participants to try new behavior and ask questions.

Trainer Planning Notes

Scheduling

It is recommended that the entire training program be used to achieve maximum benefit, since each session builds on the information, activities, and experiences of the preceding sessions. Consequently, training should be in the sequence presented here. There are four general options for offering the training program:

30-Hour Comprehensive Training. If an entire week of training is not possible, there are several options for scheduling the 30-hour comprehensive program. Phase I and Phase II can be divided into presented in different weeks. The two phases can also be further segmented into their component sessions. Sessions can also be presented sequentially in a college course format. If the training is subdivided it should be done with the understanding that its impact will be decreased.

30-Hour Intensive Training. When presented in its entirety, the program entails 30 hours of comprehensive training in child abuse and nelgect. In scheduling the sessions, maximum benefit will be achieved if they are conducted back to back within a 5-day period. This requires a high level of commitment from participants and results in an intensive, highly focused experience.

Two-Phase Comprehensive Training. Another possibility in conducting the training sequentially is to separate Phase I and II over a period of time. Participants could then decide after completing Phase I whether they will continue with Phase II. This ensures that participants in Phase II will have a high level of commitment to the training which is required by its intensity. It is possible that only some of the participants will want to complete both phases.

15-Hour Core Training. For some groups it may be appropriate to present only an introductory or basic content training program. This would be determined by assessing the needs of the target participant population. If the full, comprehensive training is not appropriate for the target group, training can be limited to Phase I. Phase I entails 15 hours during which the core curriculum is presented and basic skills for reporting cases of child maltreatment are developed. Trainees ending their participation following Phase I will have the basic knowledge required of educators to identify and report child abuse and neglect effectively. They will not acquire the skills developed in Phase II which enable school and community mobilization. Phase I is appropriate for those who wish to limit their response to the problem of child abuse and neglect to one of basic recognition and understanding.

3-Hour Introductory Training. In some situations it may be desirable to conduct a short workshop on child abuse and neglect. In this event, the trainer may wish to present only Session 1 of the training program. Session 1 provides an overview of child abuse and neglect and is appropriate for use as a basic introduction to the problem. However, if educators are to become actively involved in intervention, further training would be required.

When scheduling the training program, the trainer should attempt to avoid competing with other school or community events. Holidays, transitions, and periods of large teacher workloads can distract participants and reduce training program effectiveness.

The chart on the next page presents the time blocks needed for each session.

Target Audience

The training program is specifically designed to be used by school personnel, but professionals in related fields will also benefit from participation. The information and skill development offered are necessary for educators if they are to respond adequately to the problem of child abuse and neglect. The educator's role and the involvement of the school in this community problem is specifically dealt with in terms of action-taking possibilities. Consequently, participation would be appropriate for anyone working with children in either public or private educational programs, including: classroom and special service teachers; school administrators; school board members; psychologists;

Days	Morning	Hours	Afternoon	Hours
1	Session 1 PROBLEM/RESPONSIBILITY • Overview • Values/Clarification	3	Session 2 IDENTIFICATION • Definitions/Descriptions • Interview Techniques	3
2	Session 3 COMMUNITY RESPONSE • Reporting, Investigation • Family Dynamics	3	Session 4 COMMUNITY RESPONSE • Case Planning and Management • Role Clarification	3
3	Session 5 POLICY • Development/Review • Goal Setting Method	3	Session 6 SCHOOL BASED TEAM • Organizing School Response	3
4	Session 7 SCHOOL BASED TEAM • Team Communication Skills	3	Session 8 SCHOOL PROGRAMING • Providing Support Services • Action Planning Skills	3
5	Session 9 COMMUNITY TEAM • Coordinating Services • Program Design Skills	3	Session 10 COMMUNITY OUTREACH • Public Awareness/Education • Leadership Skills	3
Totals		15		15
One week = 30 hours, Phase I = 2½ days, Phase II = 2½ days.				

diagnosticians; speech, occupation, physical, and recreational therapists; school nurses and physicians; school social workers; counselors; educational consultants; and teacher trainers.

The trainer should determine the population to which the training will be offered. Because the majority of the curriculum is built around active participation and interaction, the number of participants in each group ideally should not exceed 15. Groups may be run simultaneously, but maximum effectiveness will be maintained if the total number of trainees is limited to 45. The general rule for conducting training with larger groups is to employ 1 trainer for every 15 trainees.

It is suggested that incentives such as course credit toward certification or released time be considered. Among the advantages of offering such incentives are: the assurance of consistent attendance, the validation of the inservice training, and the defining of commitment for further action following training. Administrative support and approval of this program must be obtained.

Training Package Format

The training package contains all the information, directions, and materials needed to conduct the training program. The materials are organized in a series of ten envelopes corresponding to the ten training sessions. Each envelope contains resource materials in that order. The ladder transparency master included in Session 1 should be used in all sessions.

This book contains all the information needed by the trainer during the sessions. Trainer directions are matched to the numbered activities on the session overview for every session. Material in the book is presented in the following order:

- Session objectives.
- Session overview (program flowchart for the session).
- Ladder overview (showing steps in the curriculum).
- Trainer notes (directions and information for each activity).

Program Preparation

Securing an Appropriate Training Facility

Because this training program incorporates participant involvement and interaction activities, the ideal setting is a large room with flexible space. Tables and chairs should be movable so that periodic regrouping and alternate arrangements are possible. The training facility should be able to provide areas for large group presentations, small group discussions, and dyads. A display area for written resource materials and audiovisual presentations is necessary. The room should be large enough to accommodate the expected number of participants as determined ahead of time by registration.

Some of the sponsoring agencies will already have facilities that they use for training purposes. If these facilities are too small or inappropriate for this training program, appropriate facilities may be available through local colleges or universities, convention centers, hotels, or motels. In addition, there are numerous well known, privately owned and operated training centers throughout the country, including some sponsored by foundations, religious organizations, and major corporations.

Some training facilities provide a complete package, including overnight accommodations for trainees, conference rooms, audiovisual equipment, a support staff trained to assist in such things as conference registration, and the use of audiovisual equipment.

It may be necessary to reserve the conference facilities several months in advance, especially if the training program will involve a large number of trainees (75 or more) or require overnight accommodations. Generally it is advisable to reserve the facility two to three months in advance.

Obtaining Primary Training Materials

The materials to be used during the training program should be obtained ahead of time so that the trainer(s) can become familiar with them prior to their use. They include the following:

- Documents:
  Copies of (1) state legislation, (2) local community policy, and (3) local school district policy.

  Legislation, policies, and procedures that are to be presented should be specific to the local community. Copies of state laws concerning child abuse and neglect can be obtained free of charge through the local state representative. Local policies for reporting and intervention are usually available from the Children's Protective Services Division of the Department of Social Services, county office. If the school system already has a formal written policy, it can be obtained from the local school board. It is important for educators to have this information, as it affects them locally. The materials are used for activities in Session 5.

- Film:
  "Ordinary People."
  This film is designed to help social service and mental health workers, law enforcement officers, and other professionals build public awareness of the symptoms and dynamics of child abuse. It is also excellent for understanding family dynamics. It is recommended for Session 3, Communication Exercise. (This film is the most appropriate film available at this time. If trainers are unable to secure this film, an alternative activity is included in Session 3.)

  "Ordinary People" was developed at the University of Pittsburgh. It is 28 minutes long and is available as a 16mm color/sound motion picture or in 2/4" U-matic Video Cassette. It sells for $375 and is available for rental at $50 per week. To obtain it for training purposes, write MOTOROLA Teleprograms, Inc., 4825 N. Scott Street, Suite 23, Schiller Park, IL 60176. Or call toll-free, 800-323-1900 (in Illinois, Alaska, and Hawaii, call collect 312-671-0141).

- Books (recommended for purchase as supplementary texts):
  Children Alone: What Can Be Done About Abuse and Neglect, M. Angele Thomas, editor, (1977).

Signs and symptoms of physical and emotional neglect and sexual abuse in school age children and adolescents are introduced. Treatment modalities, prevention, and model programs are described. This publication is the culmination of an Invisible College on Child Abuse and Neglect conducted in November 1976. The book shows what schools can and should be doing in the treatment of abused and neglected children. Approximately 128 pages, $7.50. Available from The Council for Exceptional Children, Publications Sales, 1920 Association Drive, Reston, VA 22091.

Child Abuse and Neglect: The Problem and Its Management, (1975). A three volume series that offers a broad look at child abuse and neglect. It includes a discussion of characteristics and effects of maltreatment, roles of the professionals and agencies involved in treatment, and suggestions for effective community programs for prevention and case management. Single copies are available free from the Superintendent of Documents, US Government Printing Office, Washington, DC 20402. Multiple copies are available for purchase.

Trends in Child Protection Laws, (1977), Report No. 106. This report presents a national overview update of state child abuse and neglect legislation through 1977. $2.50. Available from Education Commission of the States, 1860 Lincoln Street, Suite 300, Denver, CO 80295.

Selecting Panel Members

Sessions 3 and 4 involve representatives from various community agencies in the training activities. A representative from Children's Protective Services within the Department of Social Services is asked to explain the local process for reporting, investigation, and case management. The trainer should help the representative prepare for the activity by following the guidelines presented for Session 3, Activity 2.

In Session 4, Activity 2, agency representatives are asked to discuss their roles in the intervention process. A social worker, physician, attorney, and police officer who deal with child abuse and neglect should be selected from the community for this activity. A letter confirming participation and outlining the information to be covered in the panel discussion should be sent to the selected representatives. It is important to obtain the assistance of these professionals early so that they can plan their time and prepare for the presentation.

Duplicating and Assembling Participant Materials

Each section of the training package contains a copy of all participant worksheets needed to conduct the training session. Additional resources are included for each session and are intended to provide content information supplementing the material covered in the training. All participant materials can be found in the envelope for each session. They should be duplicated and disseminated for the appropriate activity. The ladder and objectives printed in this book with the instructions for each session can also be duplicated and distributed. It is recommended that:

- Participant worksheets be duplicated as single sheets—not back-to-back as they appear in the package.
- Resource Materials for Phase I be distributed *prior* to each session.
- Resource Materials for Phase II be distributed *after* each session.

Participants will need three-ring binders or folders for worksheets and resource materials supplied as training program handouts.

Organizing Audiovisual Materials and Equipment

- Equipment.
  The trainer will need to present various audiovisual materials throughout the training program. Equipment should be available for presenting overhead transparencies, filmstrips with cassette sound tracks, and a 16mm sound/movie film. Trainers should either be familiar with the operation of the equipment or have someone on hand who is.

- Filmstrips.
  Two filmstrips with cassette sound tracks are included in the training package. The filmstrip "Child Abuse and Neglect: What the Educator Sees" discusses the identification of children

who have been physically abused, neglected, sexually abused, or emotionally maltreated and is used in Session 3. The filmstrip illustrates the unique vantage point that teachers and other educators have in identifying and responding to abused and neglected children. It is designed for inservice training for teachers, administrators, nurses, social workers, psychologists, and counselors and is a part of a curriculum developed by the National Center on Child Abuse and Neglect, Administration for Children, Youth, and Families. The filmstrip "Child Abuse and Neglect: What the Educator Can Do" illustrates the types of action with which the educator must become involved in order to deal effectively with child abuse and neglect. It is used during Session 6 in the second phase of training.

In addition, the film "Ordinary People" is recommended for inclusion in the training program. It is important for the trainer to review all audiovisual materials before training begins and to be familiar with their content.

- Overhead Transparencies.
  Throughout the training program, overhead transparencies are used for mini-lectures and presentations. The masters for these transparencies are included with each session and identified by number. They can be made and mounted on frames prior to the session. (They can also be made more attractive by adding color or cartoons.)

Program Evaluation

The purpose of presenting a training program is to help people acquire new information and skills. Evaluation is one of the most important tools for demonstrating the impact of training on learning. In addition, evaluation should give useful feedback to both the trainers and the participants.

The evaluation forms included in this program at the conclusion of Phase I and Phase II are for these purposes:

- To summarize individual and group learnings.
- To project further applications for training.
- To assess the trainer(s) leadership style.
- To critique the overall training program in terms of content and intent.

Participants assess themselves and the training when they measure each objective. By looking at learning in the "very well" and "adequate" ranges, it is possible to determine if the program design is teaching effectively. Persons who indicate a need for more training by checking "not well" are recognizing program limitations as well as individual learning deficits. Since evaluation is meaningless unless it [illegible] of a recycling process, this information c[illegible]sed to construct future learning situations.

Evaluation can [illegible] be conducted informally. This method affords an opportunity for participants to compare written responses and explore ways to begin applying skills in other settings. The trainer can facilitate discussion by asking these types of questions:

- What did you learn from participating in this program?
- What are the strong points of this training design? Weak points?
- What are some ways you hope to use the skills gained during this program?
- What further interest have you developed as a result of this training?

WE CAN HELP

TRAINERS NOTES

Directions and Information for Each Activity

SESSION 1

PROBLEM/RESPONSIBILITY

OBJECTIVES

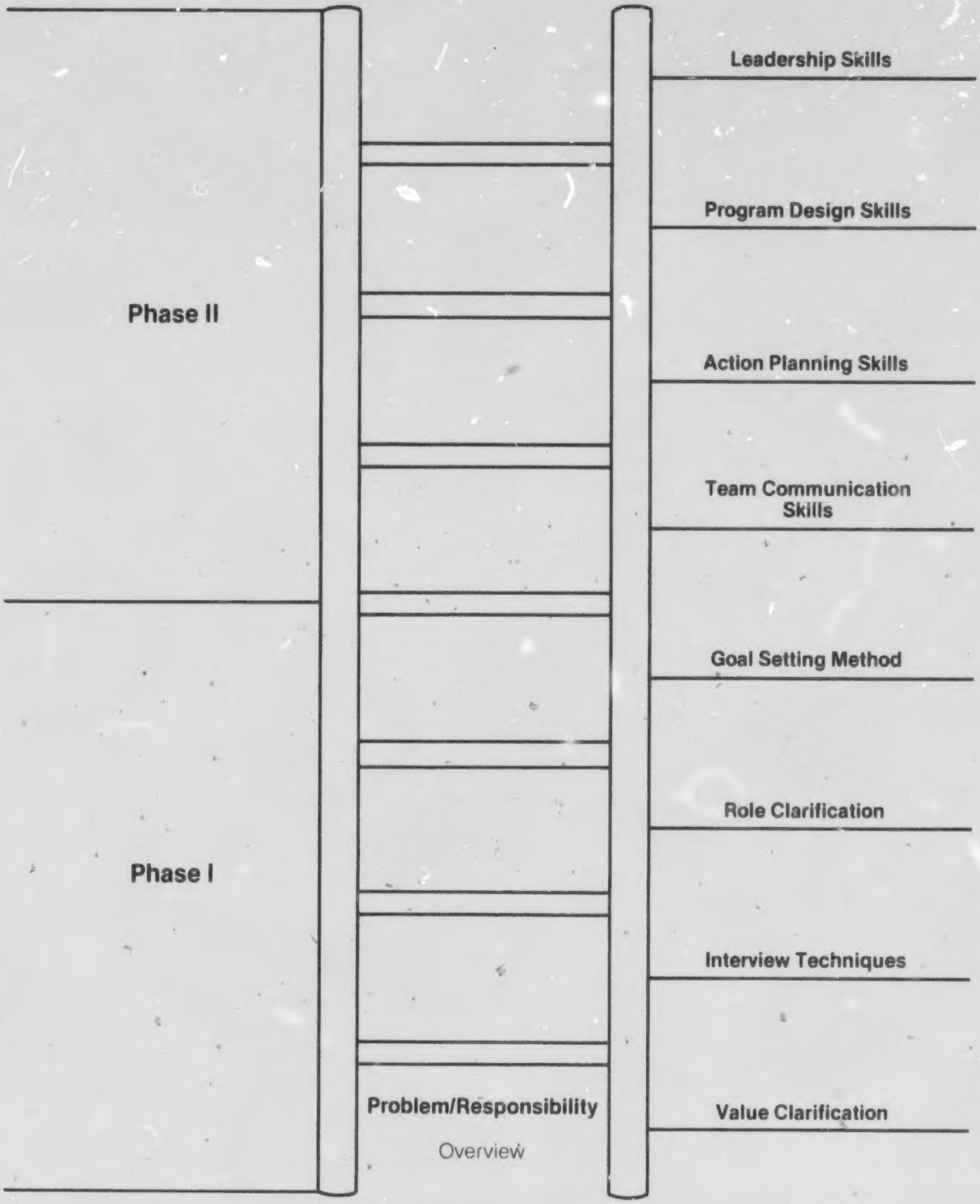
- Provide an overview of child abuse and neglect by giving basic information.
- Elicit what each participant hopes to learn about child protection.
- Identify personal and group views about child maltreatment.
- Identify and compare factors that can lead to child maltreatment.
- Clarify personal and professional responsibilities of educators.
- Consider the social dimensions of child abuse and neglect and the response of the educator.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 1 OVERVIEW: PROBLEM/RESPONSIBILITY—3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 10 min.	Welcome participants, introduce course, give time, frames.	In **total group** trainer: ● Introduces self and training methodology. ● Outlines program goals and sequence of events.	Participant notebooks Transparency 1 Ladder Transparency Overhead projector
2 Mini-lecture: "Child protection and the educator's role" Overview 20 min.	Establish focus on education with mandated responsibilities, immunities, and liabilities. Stimulate reflection and deal with preconceived ideas. Cover basic information about child maltreatment.	**Each participant** fills out questionnaire. **Total group** discusses answers and supportive data.	Mini-lecture outline Questionnaire (Worksheet 1) Transparencies 2, 3, 4 Overhead projector
3 Icebreaker 40 min.	Elicit participant involvement and expectations. Tie expectations to training program content and intent.	**Each participant** lists 2 or 3 hopes/expectations that describe learning needs. In **small groups** participants: ● Introduce themselves, share learning needs. ● Summarize common learning needs. In **total group:** ● Recorders reports results ● Trainer outlines learning objectives for ensuing activities.	3" x 5" cards Session 1 Objectives
4A Values clarification, Part A 15 min.	Identify personal views and attitudes about CA/N (parenting styles, cultural/economic differences, stress factors, punitive vs. therapeutic approach).	**Each participant:** ● Reads three vignettes and uses continuum worksheet to record views. ● Plots views on group's continuum chart.	Vignette worksheets (Worksheets 2, 3, 4) Newsprint chart Felt tip markers
Break 15 min.	Allow time for charting.	Participants plot views, as ready.	Coffee/tea
4B Values clarification, Part B 45 min.	Compare individual and group perceptions. Discuss reasons and considerations for choices. Analyze vignettes using additional information.	**Small groups:** ● Analyze continuum information using analysis guide. ● Discuss characteristics of maltreated children and their parents. ● Task: Record factors that influenced the three vignette situations.	Analysis guides (Worksheet 5) Newsprint Felt tip markers
5 Generalization 15 min.	Share and compile information. Clarify responsibilities. Consider social dimensions of child abuse and neglect.	In **total group:** ● Recorders report stress factors. ● Trainer elicits responsibilities of educators pertaining to vignettes. ● Group discusses complexities of child abuse and neglect.	Newsprint Chart stand
6 Mini-lecture: "Responding to child abuse and neglect" 20 min.	Tie learnings to theory. Summarize CA/N issues as they relate to educator's response.	Trainer presents mini-lecture to **total group.**	Mini-lecture outline Transparencies 5, 6, 7

Child Abuse and Neglect
Training Program Overview


Leadership Skills
Program Design Skills
Action Planning Skills
Team Communication Skills
Goal Setting Method
Role Clarification
Interview Techniques
Value Clarification
Phase II
Phase I
Problem/Responsibility
Overview

ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
10 min.	Welcome participants, introduce course, and give time frames.	Total group	Participant notebooks Transparency 1 Ladder Transparency Overhead projector

■ **Introduce trainer(s) and training methodology.**

Give a brief, informal description of self. This could include qualifications, experience, and events that led to personal interest in child protection. It is important to add that participants will have an opportunity to meet each other in the next activity.

Introduce the training program as an outcome of a grant awarded to The Council for Exceptional Children by the National Center on Child Abuse and Neglect. The design is based on an adult education model that uses a participant-oriented approach. The activities in each session follow a learning method called EIAG—Experience, Identify, Analyze, Generalize (TRANSPARENCY 1). This process enables a person to contribute perspectives unique to his/her own experience and to apply learning to "back home" situations. Discussion, role plays, simulations, case studies, mini-lectures, and observation are ways of sharing information and exploring ideas.

■ **Outline program goals and sequence of events.**

Display the LADDER TRANSPARENCY to describe the overall program. Explain that the training sessions are divided into two time segments: Phase I (Sessions 1-5) presents an orientation to the problem of child maltreatment and focuses on action needed for immediate protection; Phase II (Sessions 6-10) presents an organizational approach needed to develop support services within the school system. The training is designed to prepare educators for effective involvement in child protection with the community. Each of the ten sessions addresses what the educator needs to know, understand, and do in order to act in a responsible and helpful way when responding to child abuse and neglect. Since child maltreatment presents the educator with a complex problem, action skills build on a ladder of communication competencies. The progression is a series of steps moving upward from personal awareness and impersonal meeting with the child, parents, and other professionals. Phase II deals with school based and interagency team dynamics, followed by leadership choices. Each 3 hour session is linked to the next in an interdependent way.

In the first session, participants will have an opportunity to identify their own learning needs and expectations. If there are any areas of child maltreatment that are not addressed in a training session, alternate study groups can be formed. The learning process is sequential in terms of skills, but there are many knowledge areas that can be explored in more depth. The program emphasizes information and behavioral skills needed for effective action between individuals and groups responding to child abuse and neglect.

ACTIVITY 2
Mini-Lecture/Overview

Time	Purpose	Setting	Materials
20 min.	Establish focus on education with mandated responsibilities, immunities, and liabilities. Stimulate reflection and deal with preconceived ideas. Cover basic information about child maltreatment.	Individual Total group	Mini-lecture outline (below) Worksheet 1 Transparencies 2, 3, 4 Overhead projector

Mini-Lecture: "Child Protection and the Educator's Role"

NOTE: Distribute WORKSHEET 1 and explain that the questionnaire is being used as a discussion guide, not a pretest. Allow time for personal reflection and then display TRANSPARENCIES 2 and 3. Give brief answers for each statement using additional information that is relevant to the educator. The Resource Materials and the following outline suggest remarks to include with each questionnaire answer.

Questionnaire answers:

TRUE 1. This is only an estimate and, like all statistics, is based on currently known data (See Session 1 Resource Materials).

TRUE 2. Refer to Session 5 Resource Materials for specific state legislation.

FALSE 3. Display TRANSPARENCY 4, which presents a conceptual framework for abuse and neglect. Discuss the continuum concept as a range of judgments as to whether the situation is serious or critical.

— 4. The other two elements definitely are considerations.

FALSE 5. Refer to chart (Session 5 Resource Materials) for current state data.

FALSE 6. The important aspect of these data is the number of school aged children who need services.

TRUE 7. The risks are realistic in the realm of repercussions and ongoing relationships. Legal protections are important, but emotional support systems also are needed for the reporter (Sessions 1 and 6 Resource Materials).

TRUE 8. Investigation is not the educator's role, but there is a need for followup and feedback (See Session 3 Resource Materials).

FALSE 9. It is hoped that this reflects an attitude change toward help for families.

FALSE 10. The three components of maltreatment cases are: child + caretaker + situation = abuse or neglect. All three represent contributing factors (See Session 2 Resource Materials).

FALSE 11. Males and females in the caretaker role are equally vulnerable.

FALSE 12. Educator representation on community teams is a recent trend. The educator can participate in three capacities: permanent member, advisory, and case-related. These action roles represent new responsibilities. This training program addresses skills that will help the educator be effective in these roles.

ACTIVITY 3
Icebreaker

Time	Purpose	Setting	Materials
40 min.	Elicit participant involvement and expectations. Tie expectations to training program content and intent.	Individual Small groups (8-10) Total group	3" x 5" cards Session 1 Objectives

NOTE: Participants may be divided into groups, each group having a facilitator. This can be done by sectioning off the room or by designating groups on printed name cards. The number in each group should not exceed 15.

After the overview, distribute 3" x 5" cards and ask participants to list what they hope to learn (expectations) from this training. After this there will be an opportunity to meet each other and share ideas in a smaller group.

- **Participants list two or three hopes/expectations that describe their learning needs.**

Have participants form small groups. Each member introduces himself/herself to the group and states expectations. A member of the group briefly records each idea on a large sheet of newsprint.

- **Participants introduce selves, share learning needs with small group.**

The task of each group is to categorize common learning expectations. These may be listed under the headings KNOWLEDGE (What do I need to know?) and ACTION (What do I need to be able to do regarding child protection?).

- **Small groups summarize common learning needs.**

The recorder for each small group shares the common learning goals as expressed and written on the newsprint with the total group. Keep these posted for reference throughout the training program.

- **Recorders for small groups report results to total group.**

Address the group's expectations and point out where on the training program ladder each issue will be dealt with. Assure the group that additional interest groups may be formed for in-depth study, if time allows. Expressed values and questions can be used to introduce the objectives for the following activity. (Display SESSION 1 OBJECTIVES.)

- **Outline learning objectives for ensuing activities.**

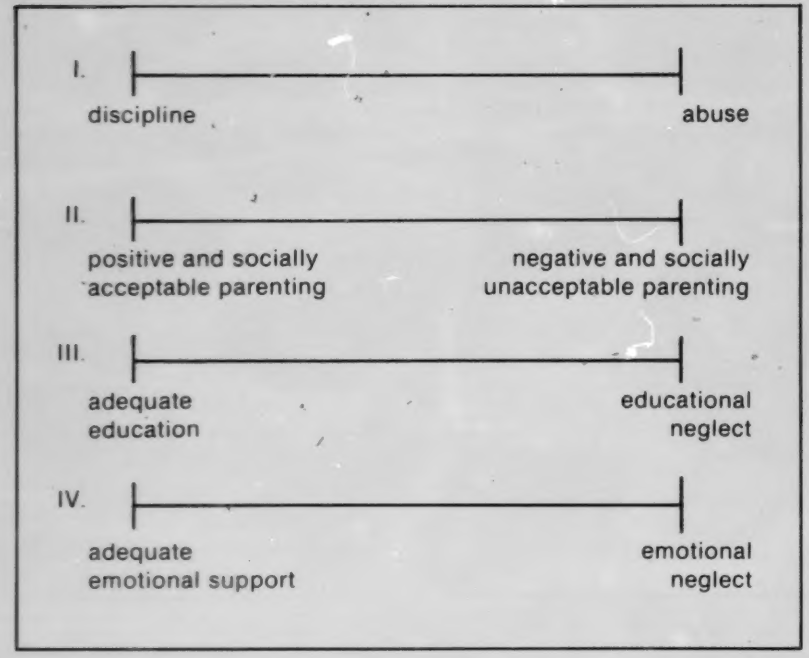
ACTIVITY 4A
Values Clarification, Part A

Time	Purpose	Setting	Materials
15 min.	Identify personal views and attitudes about CA/N (parenting styles, cultural/economic differences, stress factors, punitive vs. therapeutic approach).	Individual	Worksheets 2, 3, 4 Newsprint chart Felt tip markers

NOTE: This activity is an adaption of a values exercise designed by Dr. Sidney Simon. It is important for the trainer to be nonjudgmental and maintain a facilitating role with the group. Encourage participants to express their opinions and attitudes by saying, "Every person has a unique perspective, and this accounts for varying views and choices. Let us explore in an open way both our similarities and differences."

Distribute vignette worksheets (WORKSHEETS 2, 3, 4). Instruct participants to reflect on all three vignettes and place an X on each continuum line at the point that best represents personal views. While participants are reading, display a continuum newsprint chart for each small group.

■ Participant reads three vignettes and uses continuum worksheet to record views.


I.
discipline
abuse
II.
positive and socially acceptable parenting
negative and socially unacceptable parenting
III.
adequate education
educational neglect
IV.
adequate emotional support
emotional neglect

Each person places X's on his/her group's continuum chart with a felt tip marker. There is a 15 minute break to allow this to be done with some anonymity. Refreshments should be available in another part of the room so that participants can move away from the chart area.

■ Participants plot views on group's continuum chart.

ACTIVITY 4B
Values Clarification, Part B

Time	Purpose	Setting	Materials
45 min.	Compare individual and group perceptions. Discuss reasons and considerations for choices. Analyze vignettes using additonal information.	Small groups	Worksheet 5 Newsprint Felt tip markers

After a 15 minute break, participants return to respective groups and follow the analysis guide for discussion procedure. A facilitator in each group can add direction by initiating and guiding the outlined process. The vignettes are written without outcomes to promote analytical thinking. Case closure will occur during the generalization activity. It is important to begin by identifying where views are clustered on each continuum.

- **Small groups analyze continuum information using guides.**

Following a 10 minute discussion of each vignette, group facilitators use the Analysis Guide (WORKSHEET 5) to expand thinking about conditions that can influence child maltreatment. Facilitators should review the point that the child + the caretaker + the situation = abuse or neglect and should note that characteristics of maltreated children and their caretakers are significant considerations when making judgments and decisions.

- **Facilitators present characteristics of maltreated children and their parents to small groups.**

Caretakers are more vulnerable to child maltreatment when coping with crisis or stress in life situations. On a sheet of newsprint the group's facilitator records all the stress factors present in the vignettes. This is done on the premise that the vignettes involve dynamics that could develop into reportable cases given a few more conclusive facts. The idea is to identify as many stress factors as possible in about 5 or 6 minutes.

- **Task: Small groups record stress factors that influenced the three vignette situations.**

ACTIVITY 5
Generalization

Time	Purpose	Setting	Materials
15 min.	Share and compile information. Clarify responsibilities of educators pertaining to vignettes. Discuss complexities of CA/N.	Total group	Newsprint Chart stand

One person from each group posts the list of stress factors and summarizes the information for the total group. Summarize by saying, "These combined lists represent situations that can be crisis periods in people's lives. All of us have had similar pressures in our own daily experiences that cause us to act in nonproductive ways."

- **Recorders report stress factors to total group.**

Ask the group to consider the responsibilities of the educators involved in the vignettes when the following information is added:

Vignette 1 - Tony comes back to school that week, limping.
Vignette 2 - Julia comes to school with a 104° temperature.
Vignette 3 - Jonas receives a report card with failing grades in his major subjects and tells the coach his father wants him to quit school when he becomes 16. The coach feels Jonas does not have the self confidence to deal with the situation.

- **Elicit responsibilities of educators pertaining to vignettes and record individual responses on newsprint.**

Ask questions that lead participants to generalize about learning, such as: "What kind of considerations influence judgments when faced with child abuse and neglect in schools?" "Why is it important to be in touch with our own values?" "What effect do teacher attitudes have on maltreated children and their families?"

- **Total group discusses the complexities of child abuse and neglect.**

ACTIVITY 6
Mini-Lecture

Time	Purpose	Setting	Materials
20 min.	Tie learnings to theory. Summarize CA/N issues as they relate to educator's response.	Total group	Mini-lecture outline (below) Transparencies 5, 6, 7

Mini-Lecture: "Responding to Child Abuse and Neglect"

NOTE: Summarize discussion using the key points listed below. Ideas can be illustrated with comments from the group. Resource materials are available for additional information.

- Child maltreatment is a complex issue. There are three significant perspectives: child + caretaker + situation = abuse or neglect.
- Educators have shown increased recognition of child abuse and neglect and ordinarily are in a significant position in relation to the child and family. Since a teacher has more daily contact with the child than anyone else outside the family, the child's perspective is best understood by the teacher.
- Sensitivity is the key to working with the child and the family.
- Being in touch with our own feelings and values is important.
- Reactions to abusive parents can be placed in context when we consider our own inclinations in high stress situations. (Display TRANSPARENCY 5.)
- Child maltreatment knows no economic, social, cultural, or religious boundaries. (Display TRANSPARENCY 6.)
- Often parents relate that they were maltreated as children.
- In many cases the child-parent role reverses. We must guard against reinforcing this syndrome and give these children the nurturance they need.
- Schools can do a great deal to help. This involves recognizing the problem, knowing the indicators, and responding in a caring way.
- Concern for a maltreated child is exhibited by balanced reactions on the part of the educator. (Display TRANSPARENCY 7.)
- The responsibility of the educator is to respond to child abuse and neglect by recognizing and reporting the problem.

SESSION 2

IDENTIFICATION

OBJECTIVES

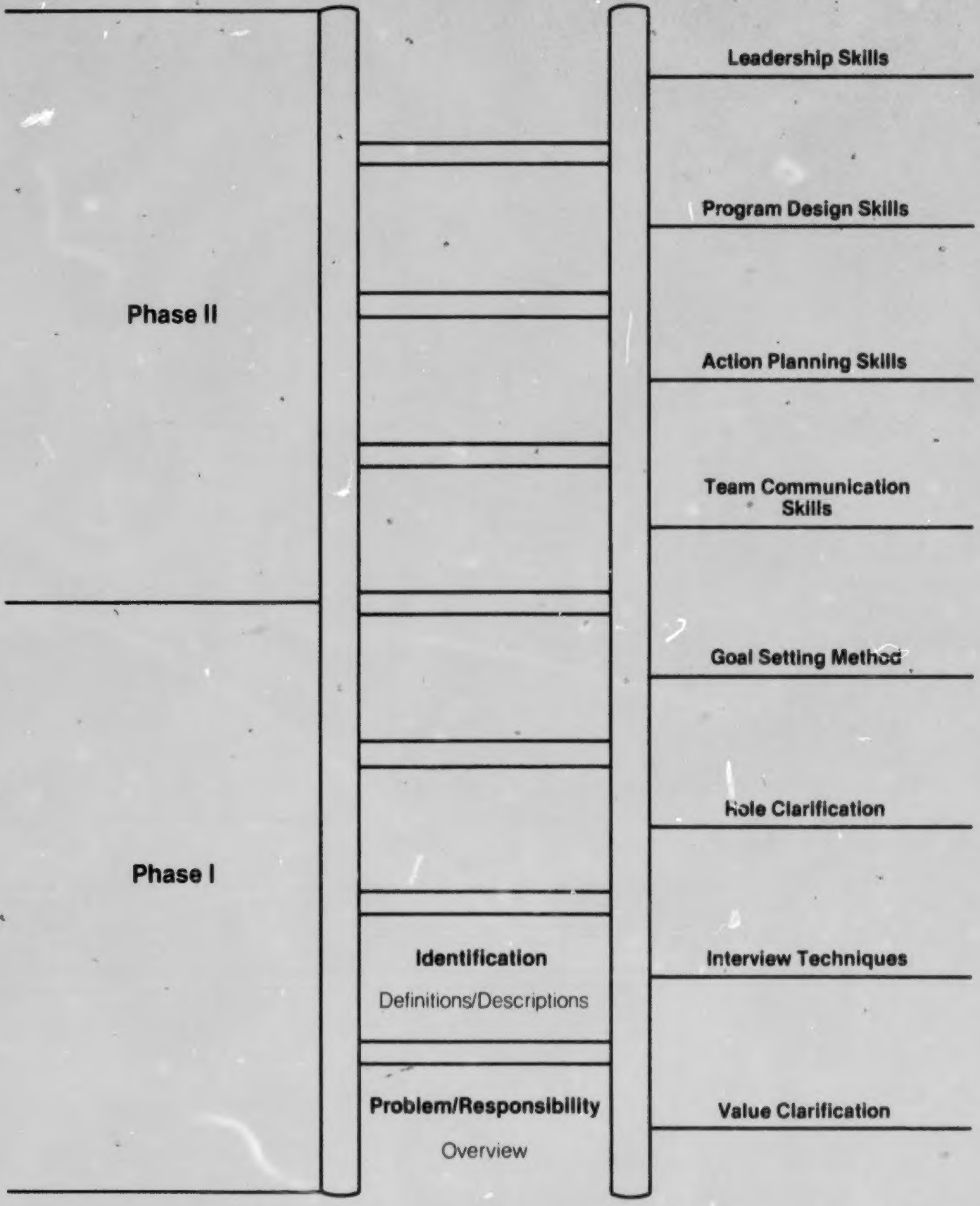
- Clarify participant skills related to child observation.
- Provide working definitions for child maltreatment categories.
- Provide information about outward signs and subtle behaviors that may indicate child abuse and neglect.
- Present the elements of an information seeking interview as used by an educator.
- Practice a child and adolescent interview as a first step in skill building.
- Identify techniques and competencies that facilitate an interview with a maltreated child.
- Summarize concerns that result from awareness of child maltreatment as a problem that involves the educator.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 2: IDENTIFICATION—3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 10 min.	Elicit involvement. Share observations from back home situations.	Dyads discuss a personal experience that involved child abuse and neglect, recall and list symptoms observed.	Notebook paper
2 Filmstrip: "Child Abuse and Neglect: What the Educator Sees" 45 min.	Provide an observation guide to identify outward signs and subtle behaviors. Clarify participant observation skills. Identify and share concerns that result from awareness.	**In total group:** ● Trainer reinforces the educator as a trained observer. ● Group views filmstrip. **Small groups:** ● Discuss filmstrip. ● Task: List questions that filmstrip raises about the educator's involvement in child protection. Trainer posts questions for **total group** to see.	Filmstrip and projector Cassette tape recorder Newsprint Felt tip markers Chart stand
3 Mini-lecture: "Child abuse and neglect: Definition and identifiers" 20 min.	Provide working categories of child abuse and neglect. Summarize learning needs related to knowledge and skills. Present child interview as first step in skill building.	In **total group** trainer: ● Discusses visible indicators relevant to educators. ● Addresses questions that have been raised. ● Links CA/N response to action skills. ● Shares learning objectives.	Mini-lecture outline Ladder Transparency Overhead projector CA/N Definition (Worksheet 1) Session 2 Objectives
Break 15 min.		Trainer designates three areas of room for role groups.	Coffee/tea Signs for role groups
4 Teacher/child interview one 40 min.	Explore feelings when entering an interview situation. Practice talking with young, maltreated child. Present interview elements. Analyze interview skills through participant experience.	In **three equal groups:** ● Facilitator introduces role play. ● Group discusses role responsibilities. **Triads** (teacher, child, observer) act out roles. **Small groups** (2 or 3 triads) compare and analyze interviews using observer guide.	Role play descriptions (Worksheets 2, 3) Observer guide (Worksheet 4)
5 Teacher/child interview two 20 min.	Review and practice interview skills using a maltreated adolescent case. Analyze facilitating teacher behaviors.	**Triads** (teacher, child, observer): ● Select and act out roles. ● Analyze interaction using observer feedback and discuss what occurred.	Role play descriptions (Worksheets 5, 6) Observer guide (Worksheet 4)
6 Generalization Mini-lecture: "Interview skills and how they apply" 20 min.	Identify interview competencies. Summarize experiential learnings and present theory.	**Total group** lists teacher behaviors that helped and hindered the interview situations. Trainer presents mini-lecture to **total group.**	Mini-lecture outline Newsprint chart Transparencies 1, 2 Overhead projector

Child Abuse and Neglect
Training Program Overview


Leadership Skills
Program Design Skills
Phase II
Action Planning Skills
Team Communication Skills
Goal Setting Method
Role Clarification
Phase I
Identification
Definitions/Descriptions
Interview Techniques
Problem/Responsibility
Overview
Value Clarification

ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
10 min.	Elicit involvement. Share observations from back home situations.	Dyads	Notebook paper

NOTE: By this time, many participants may be thinking about a child who caused concern or involvement because of maltreatment. This exercise will allow participants to share experiences and identify indicators of child maltreatment. This is done in dyads since it is time consuming to elicit several cases for total group analysis. Some participants may have had personal experiences with maltreatment as children; sensitivity is required if this emerges in group discussion.

Begin this session by noting that teachers and other school personnel are experienced in identifying children's needs. Through daily observation they acquire enough information to describe a student's behavior pattern with detailed symptoms. This exercise is designed to draw on that professional expertise.

■ Participants pair up and discuss a personal experience that involved child abuse or neglect, call and list symptoms observed.

Give activity instructions by saying something like, "Perhaps many of you have known or dealt with a maltreated child. Let us take a few minutes to talk with each other in pairs about a case that involved you personally or that you observed from close range in the school setting. As one person describes the situation, the other records the physical or behavioral indicators that first caused concern. Focus on specific signals you noted in the school setting (i.e., What caused you to suspect maltreatment?). As you talk, make a list of descriptors. Spend about 10 minutes on this activity."

ACTIVITY 2
Filmstrip

Time	Purpose	Setting	Materials
45 min.	Provide an observation guide to identify outward signs and subtle behaviors. Clarify participant observation skills. Identify and share concerns that result from awareness.	Total group Small groups	Filmstrip and projector Cassette tape recorder Newsprint Felt tip markers Chart stand

NOTE: The filmstrip should be set up in advance. The cassette recorder has a manual and automatic side. Viewing time is 15 minutes.

Record indicators on newsprint as they are shared with total group by individuals from lists prepared during the climate set. These can be recorded in columns headed PHYSICAL and BEHAVIORAL symptoms. Continue listing until there is repetition. This need not be a comprehensive list since one is included in the Session 2 Resource Materials.

- **Reinforce the educator as a trained observer of children.**

Introduce this activity as a visual summary of outward signs and subtle behaviors that an educator should be aware of as possible maltreatment indicators.

- **View "Child Abuse and Neglect: What the Educator Sees."**

After the filmstrip, encourage discussion of the presentation by dividing into smaller groups of participants sitting near each other. A recorder is selected for each group.

- **Small groups discuss filmstrip.**

Introduce the activity by saying: "Since the filmstrip heightens awareness of the child who needs protection, the educator is faced with many concerns. Some may be related to information needs, while others will relate to responsible action courses. In order to bring these issues to the surface, each small group will formulate about 10 questions and list these on a large sheet of newsprint. These questions can be either personal concern of participants or concerns any educator might have." Write the following question on newsprint: "What questions emerge for you or your staff regarding child protection as a result of watching this filmstrip?"

- **Task: Small groups list questions that filmstrip raises about the educator's involvement in child protection.**

These charts can be used for later sessions. Agency representatives can address some of the questions.

- **Post questions.**

ACTIVITY 3

Mini-Lecture

Time	Purpose	Setting	Materials
20 min.	Provide working categories of CA/N. Summarize learning needs related to knowledge and skills. Present child interview as first step in skill building.	Total group	Mini-lecture outline (below) Ladder Transparency Overhead projector Worksheet 1 Session 2 Objectives

Mini-Lecture: "Child Abuse and Neglect—Definition and Identifiers"

NOTE: Use the questions raised during the filmstrip activity to structure this mini-lecture. The question charts should be displayed throughout the training event as reference points. Read the questions and mark a K (knowledge) or an S (skill) by each one depending on whether it relates to knowledge learning or skill learning. Give direct answers to such questions as: "Do I have to report if I suspect?" Some questions may have answers that are a direct result of school policy. Do not attempt to address questions that will be answered by the speakers in the community response sessions. Place stars next to questions that will be dealt with in the teacher/child interview exercises and numbers to indicate which sessions will explore which issues. Example: Parent Communication (Session 3) (refer to LADDER TRANSPARENCY). The first skill an educator needs is at the interpersonal level—interviewing the child. Information can be added from the Session 2 Resource Materials.

- Distribute child abuse and neglect definition worksheets (WORKSHEET 1) to present types of abuse and neglect. (Read definitions aloud or have a participant do it.)

  Stress that:
- All of these child abuse and neglect areas can be dealt with in depth. Participants interested in doing in-depth study can use additional resources or form interest groups for further discussion.
- Educators should be careful to recognize some of the characteristics of the vulnerable child.
- High risk dimensions apply to children, parents, and living situations.
- The training program was designed to integrate knowledge awareness and skill training. It is assumed that once we know about a problem and are aware of our responsibility to respond, we will want the skills to be able to act effectively. This is the basis of most adult learning (refer to "Notes on How Adults Learn" in the Introductory Materials).
- Therefore, it is useful to group questions into knowledge and skill areas.
- Share SESSION 2 OBJECTIVES.

ACTIVITY 4
Teacher/Child Interview One

Time	Purpose	Setting	Materials
40 min.	Explore feelings when entering an interview situation. Practice talking with young, maltreated child. Present interview elements. Analyze interview skills through participant experience.	Three equal groups Triads Small groups (2 or 3 triads)	Worksheets 2, 3, 4 Newsprint

NOTE: During the break place large newsprint signs in the areas of the room to designate three role groups: TEACHER, CHILD, and OBSERVER. Then divide the entire group into three equal groups and assign them to the designated areas. Give role and observer worksheets for Interview Exercise One (WORKSHEETS 2, 3, 4) to a facilitator for each group. Instruct facilitators to spend about 10 minutes helping participants become familiar with each role.

■ Group facilitators introduce role play.

The facilitator reads through the material with the group. It is important to agree on more information to fill out each case. Draw on the experience of people who are familiar with similar situations. Discuss.

■ Groups discuss role responsibilities.

Each group discusses the designated role:

- Teacher Role—Define each interview element in sequence. Discuss approaches that might be used.
- Child Role—Identify the emotions and defenses a young child in this situation would have.
- Observer Role—Discuss observer guide points. Give examples of how behavior could be recorded.

■ Form triads (teacher, child, observer) and enact roles.

Each "teacher" selects a "child" and finds a comfortable place for the interview. An observer will join the pair as the interaction begins.

■ Small groups (2 or 3 triads) compare and analyze interviews using the observer sheet.

After about 10 minutes, visit each triad and instruct the observer to read each question and share the information collected. Then have two or three triads come together and facilitate an analysis of the interviews. The facilitator asks questions of each role group. Example: "As a child in this interview, what did the teacher do to make you comfortable?" "As an observer, what behaviors built trust?" "As a teacher, how did you deal with defensive reactions?"

ACTIVITY 5
Teacher/Child Interview Two

Time	Purpose	Setting	Materials
20 min.	Review and practice interview skills using a maltreated adolescent case. Analyze facilitating teacher behaviors.	Triads	Worksheets 4, 5, 6

NOTE: Specific behavioral feedback is important when analyzing interaction. You may enter a triad in order to ask for specific behaviors or words if the information is too general. Example: "What was actually said or done that made you feel intimidated?" In the facilitating role, it is helpful to give feedback in a nondirective manner. Appropriate interventions are made when participants appear to be uninvolved or to be circumventing the issue of what happened during the interview.

Have participants return to traids. Distribute worksheets for Interview Exercise Two (WORKSHEETS 4, 5, 6). Since this exercise repeats the format of the first, instruct triads to structure their own preparation and time.

■ **Present Interview Exercise Two.**

Participants can remain in the same role or change to another. Encourage participants to experiment with new behavior.

■ **Triads select roles and act out interview.**

Observers may need to be asked to give feedback at a certain point in order to cover the material within the allotted time.

■ **Triads analyze interaction using observer feedback and discuss what occurred.**

ACTIVITY 6
Generalization/Mini-Lecture

Time	Purpose	Setting	Materials
30 min.	Identify interview competencies. Summarize experiential learnings and present theory.	Total group	Mini-lecture outline (below) Newsprint chart Transparencies 1, 2 Overhead projector

Mini-Lecture: "Interview Skills and How They Apply"

NOTE: Prepare a newsprint chart with two columns headed HELPED and HINDERED. Elicit descriptions from the group of teacher behaviors that occurred during the interviews and write them under the appropriate heading. Summarize the session with these key points:

- The purpose of an interview is to gain specific information without interrogation in order to determine whether a report of suspected child abuse or neglect should be filed (TRANSPARENCY 1).
- The process involves: reflection, an appropriate setting, request for information, and an explanation of confidentiality and responsibility to help.
- Remember: The child may have a fear of betraying the parents or may not view himself or herself as maltreated.
- Each person has a unique style of interacting that facilitates the child interview. These abilities have been demonstrated in this exercise (use examples from the group).
- Examples of messages that could facilitate or obstruct an interview are: (refer to TRANSPARENCY 2). The following statements are examples for each type of message.

Facilitative

Reflection of feelings—It sounds like that really upset you.

Open ended question—What kind of things happened to you today?

Direct question—What happened that upset you?

Self disclosure—Something happened today that made me realize. . . .

Speaking about external events—The Christmas party was fun.

"I'm O.K., you're O.K."—I liked it the other day when you asked me to help you with your math.

Mutual topic finding—Do you feel like talking about what the doctor told you?

Asking for feedback—What do you think about what I just said?

Obstructive

Overlong statements—Too much talking discourages.

Put down statements—Why don't you ever dress neatly?

"You are bad" statements—You don't care about anyone but yourself.

Sarcasm—Oh sure, you're never late.

"You should" statements—You should know better.

Threatening—If you do that one more time you'll wish you hadn't.

Overgeneralizing—You never really listen to me. You don't really care.

Premature advice—Tell him off. Stick up for yourself.

SESSION 3

COMMUNITY RESPONSE

OBJECTIVES

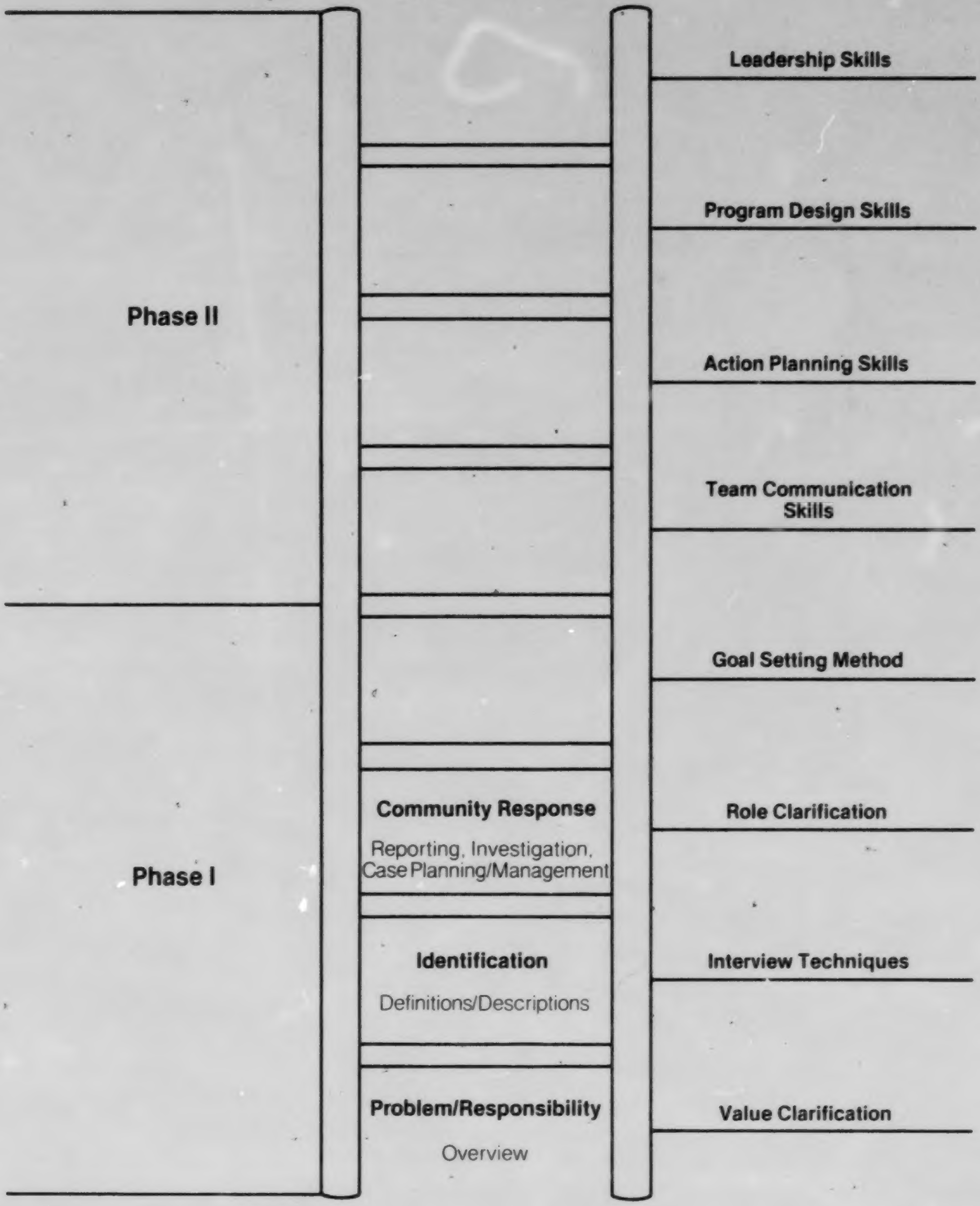
- Outline the four phases of community action that should be followed in responding to child abuse and neglect.
- Clarify reporting policies, immunities, and liabilities.
- Present the role and function of the agency that coordinates child maltreatment reports.
- Present the investigation phase as it is used locally.
- Observe and practice oral and written reporting procedures.
- Observe and analyze family dynamics in a child maltreatment situation.
- Practice talking with parents about family problems in a school setting.
- Identify effective communication techniques between adults.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 3: COMMUNITY RESPONSE (REPORTING AND INVESTIGATION)—3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 10 min.	Provide transition. Outline the four phases. Delineate community response: Session 3, reporting, investigation; Session 4, case planning and management.	In total group trainer: ● Reviews previous session. ● Presents community response process. ● Outlines general program goals and learning objectives for session.	Transparency 1 Ladder Transparency Overhead projector Session 3 Objectives
2A Agency presentation 30 min.	Inform participants of local community and school reporting policies, immunities, and liabilities. Explore local use of investigation phase. Help participants understand roles and functions of coordinating agency. Present written report model.	In total group representative from agency responsible for receiving reports and making investigations: ● Describes role and agency function. ● Explains reporting, investigation, and feedback process. ● Presents sample reporting form. ● Addresses questions and clarifies.	Presentation outline for agency representative Sample reporting form (local or Worksheet 1)
2B Demonstration 15 min.	Present appropriate oral reporting procedure. Define necessary reporting information.	In total group trainer and agency representative: ● Use local case and act out or explain an oral report. ● Address questions and clarify.	Newsprint
3 Reporting exercise 20 min.	Practice an oral report. Clarify reporting responsibilities.	Trainer presents case study to total group. Each participant prepares notes for an oral report. Participants practice giving oral reports in small groups (5-6) Small groups analyze oral reports. Group discusses consequences of reporting or not reporting the situation described in case study, if time permits.	Reporting case study (Worksheet 2)
Break 15 min.		Trainer designates three areas of room for role groups. Trainer hands out role cards.	Coffee/tea Signs for role groups 3" x 5" role cards
4 Communication exercise one 50 min.	Make participants aware of family interaction and effects on communication between parent and teacher when discussing a child's problem.	In total group trainer: ● Introduces and shows family dynamics film. ● Summarizes case and projects it into a school setting for first role play. Participants in three equal groups discuss teacher and parent role responses. Observer group reviews guide and instructions. Triads act out roles. Observers give feedback.	Film and projector Role play descriptions (Worksheets 3, 4) Observer guides (Worksheet 5)
5 Communication exercise two 20 min.	Practice dealing with parent anger, hostility, and denial. Analyze communication competencies.	Triads select and act out roles. Observers give feedback. Small groups (2 triads) compare interview reactions between triads.	Observer guides (Worksheet 5) Role play descriptions (Worksheets 6, 7)
6 Generalization 20 min.	Identify effective communication techniques. Summarize experiential learning.	In total group: ● Participants list productive and nonproductive teacher behaviors. ● Trainer elicits factors that facilitate school reporting of child abuse and neglect.	Newsprint Chart stand

Child Abuse and Neglect
Training Program Overview


Phase II
Phase I
Community Response
Reporting, Investigation, Case Planning/Management
Identification
Definitions/Descriptions
Problem/Responsibility
Overview
Leadership Skills
Program Design Skills
Action Planning Skills
Team Communication Skills
Goal Setting Method
Role Clarification
Interview Techniques
Value Clarification

ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
10 min.	Provide transition. Outline the four phases Delineate community response: Session 3, reporting, investigation; Session 4, case planning and management.	Total group	Transparency 1 Ladder Transparency Overhead projector Session 3 Objectives

NOTE: This session includes a resource person; see Trainers Guide, p. 12.

Summarize the characteristics of maltreated children and their caretakers. (Refer to the chart in Session 2 Resource Materials.) Display questions that were developed during Session 2, Activity 2, and indicate the areas that have already been addressed.

■ Review previous session.

Introduce the action phases generally used by most communities when responding to child abuse and neglect. Display TRANSPARENCY 1 and briefly explain the purpose of each phase. Emphasize that the educator has role responsibilities during every phase except investigation. However, it is important to know what occurs after a report is made. Inform participants that a person associated with the agency assigned to assess reports is going to describe that phase during this session.

■ Present community response process.

Using the LADDER TRANSPARENCY, locate this session in relation to the overall program. Share SESSION 3 OBJECTIVES.

■ Outline general program goals and learning objectives for Session 3.

Introduce the speaker(s) and assign a general time limit for the presentation and demonstration.

■ Introduce speaker(s).

ACTIVITY 2A
Agency Presentation

Time	Purpose	Setting	Materials
30 min.	Inform participants of local community and school reporting policies, immunities, and liabilities. Explore local use of investigation phase. Help participants understand roles and functions of coordinating agency. Present written report model.	Total group	Presentation outline for agency representative (below) Sample Reporting Form (local or Worksheet 1)

NOTE: The topics listed below may be discussed with the guest speaker in advance. It is advisable to include these ideas in a followup letter along with a request to bring enough copies of the local reporting form for all participants. It also might be useful to send a copy of the Session 3 Overview from the trainer materials to the agency representatives. This should help them understand the learning purposes and time frames for their presentations.

- Agency functions in regard to child abuse and neglect.
- Speaker's role in agency.
- Reporting policies, immunities, and liabilities.
- Types of reports, especially from educators.
- Response time, factors, and priorities,
- Investigation procedures.
- Criteria for intervention.
- Feedback system.

■ **Representative from agency responsible for receiving reports and making investigations describes role and agency function and explains reporting, investigation, and feedback process.**

Distribute either the local reporting form or the one provided in the manual (WORKSHEET 1) when the speaker describes procedures.

■ **Speaker discusses sample reporting form (local or Worksheet 1).**

Invite participants to question the speaker, either during or following the presentation, depending on group size. (Questions regarding specific cases may be discussed after the session if it does not seem appropriate to use group time to counsel a person with specific advice.)

■ **Participants question speaker and receive clarification.**

ACTIVITY 2B
Agency Presentation (Demonstration)

Time	Purpose	Setting	Materials
15 min.	Present appropriate oral reporting procedure. Define necessary reporting information.	Total group	Newsprint

The agency representative presents a current abuse or neglect case, preferably one involving a school aged child. (The alternate case study presented below can be used if there is no appropriate local case.) Highlights can be outlined on newsprint before the session if there is time. The trainer will assume the role of a protective services worker and the agency representative will make the report as an educator. This can be done by role playing a phone call.

■ Using a local case, act out or explain an oral report.

Alternate case study:

A teacher at Barton Elementary School, Mr./Ms. Andrews, telephones the Protective Services unit to report a possible neglect situation involving the family of Bob and Jane Smith. Mr./Ms. Andrews states that the Smith family has 2 daughters and a son who attend Barton: Barbara, age 10; Jane, age 8; and Bob, Jr., age 4. The two girls have chronic attendance problems, are frequently dirty and ill-clothed, and are not making satisfactory progress in their school work. The teacher further indicates that contact with the family has been minimal and that Mr. and Mrs. Smith have not been receptive to the school's attempts to involve them in their daughters' education. Mr./Ms. Andrews voices concern that both Smith girls have problems: Barbara, fifth grade, is withdrawn, passive, and in danger of failing this year; Jane, third grade, has a behavior problem, is explosive and disruptive in class, lacks good hygiene habits, and is in danger of failing this year. Both girls are frequently dirty and without lunch money. The teacher states that the school nurse and visiting social worker have had little success in working with the parents and describes Mr. Smith as "hostile and unresponsive." The school has no information about Mrs. Smith.

Allow time to critique the demonstration.

■ Address questions and clarify.

ACTIVITY 3
Reporting Exercise

Time	Purpose	Setting	Materials
20 min.	Practice an oral report. Clarify reporting responsibilities.	Total group Small groups (5-6)	Worksheet 2

Introduce this exercise by noting that it is helpful to practice making an oral report. As with other things that are difficult, doing it once builds skill and confidence. Distribute WORKSHEET 2 and read the case study aloud.

- **Present case study.**

Allow time for reflection, giving participants an opportunity to organize information for an oral presentation.

- **Participants prepare notes for an oral report.**

Divide participants into groups of 5 or 6. One or several members of each group can demonstrate a report.

- **Participants practice oral reports in small groups.**

Small groups compare each report with the criteria previously presented. The agency representative should be available to respond to any questions.

- **Small groups analyze oral reports.**

Remaining time can be spent discussing the effects of an educator acting or not acting with respect to the child presented in this case study.

- **Lead group discussion of consequences of reporting or not reporting the situation described in the case study.**

ACTIVITY 4

Communication Exercise One

Time	Purpose	Setting	Materials
50 min.	Make participants aware of family interaction and effects on communication between parent and teacher when discussing a child's problems.	Total group Three equal groups Triads	Film and projector Worksheets 3, 4, 5

NOTE: During the break, distribute role cards (teacher, parent, observer) to make three groups of equal size. Place large newsprint signs in areas of the room to designate these three role groups. Give role and observer worksheets for Communications Exercise One (WORKSHEETS 3, 4, 5) to a facilitator for each group. The first exercise is written for the film "Ordinary People." If another film is used, you should prepare similar role descriptions in advance. It is advisable to have the film and projector ready before participants arrive. In the event that no film is available, omit Exercise One and use only Exercise Two.

Show the film "Ordinary People," marketed by Motorola Teleprograms, Inc. (see page 11). Family dynamics is a complex communication system. This film will be used to analyze one family system that is vulnerable to child maltreatment.

- **Introduce and view family dynamics film.**

Following the film, explain that the mother or father (depending on the participant playing the part) is going to a conference to discuss his/her child's problems. Ask participants to form role groups and share reactions to the film in these groups as they prepare for the school conference from their role perspective

- **Summarize case and project it into a school setting for first role play.**

A facilitator in each group distributes appropriate worksheets and probes to identify family stresses presented in the film. The parent role group focuses on the type of responses the "film" mother or father would likely make in view of the home situation. The teacher role is sensitized to expected responses from the parent with respect to the child's problem. Ways of gaining parent trust and probing for information are discussed.

- **Role groups discuss teacher and parent role responses. Observers review guide and instructions.**

Parents and teachers team up with observers to form triads. After the situation is played out, the observer shares information from the Observer Guide (WORKSHEET 5).

- **"Parents" and "teachers" act out roles in triads. Observers give feedback.**

ACTIVITY 5
Communication Exercise Two

Time	Purpose	Setting	Materials
20 min.	Practice dealing with parent anger, hostility and denial. Analyze communication competencies.	Triads Small groups (2 triads)	Worksheets 5, 6, 7

After Exercise One has been completed with feedback and discussion, distribute WORKSHEETS 5, 6, and 7 (Communications Exercise Two) to each triad. Participants may either remain in the same roles or exchange roles.

■ Triads select roles for second case study.

Allow enough time for observers to collect information (approximately 10 minutes).

■ Triads act out roles. Observers give feedback.

Have two triads join to analyze the communication. Focus on ways the teacher dealt with emotional reactions, particularly anger and hostility. Take the time to label techniques that were effective from both the teacher's and parent's points of view (e.g., redirecting feelings, remaining neutral, examining circumstances, stating positive regard for the person, or eliciting underlying concerns). Refer to specific examples that occurred during the role plays.

■ Small groups compare interview reactions between triads.

ACTIVITY 6
Generalization

Time	Purpose	Setting	Materials
20 min.	Identify effective communication techniques.	Total group	Newsprint
	Summarize experiential learning.		Chart stand

Prepare a chart with two columns, PRODUCTIVE BEHAVIORS and NONPRODUCTIVE BEHAVIORS. Generalize about the communication exercises by asking questions such as: "What did the teacher say or do in the first interview that caused the parent to accept ownership of the problem?" "What specific techniques were used in the second interview to deal with the parent perception of being in an adversary position?" The observer guide (WORKSHEET 5) can be used as an outline.

- **List productive and nonproductive teacher behaviors.**

Summarize learning by enumerating factors that support the educator's involvement in the first phase of community response. These may be expressed as: familiarity with reporting procedures, knowledge of the role of protective services workers, understanding of family dynamics, etc. Conclude by thanking the speaker and saying that other agency representatives will be present for the next session.

- **Identify factors that facilitate school reporting of child abuse and neglect.**

SESSION 4

COMMUNITY RESPONSE

OBJECTIVES

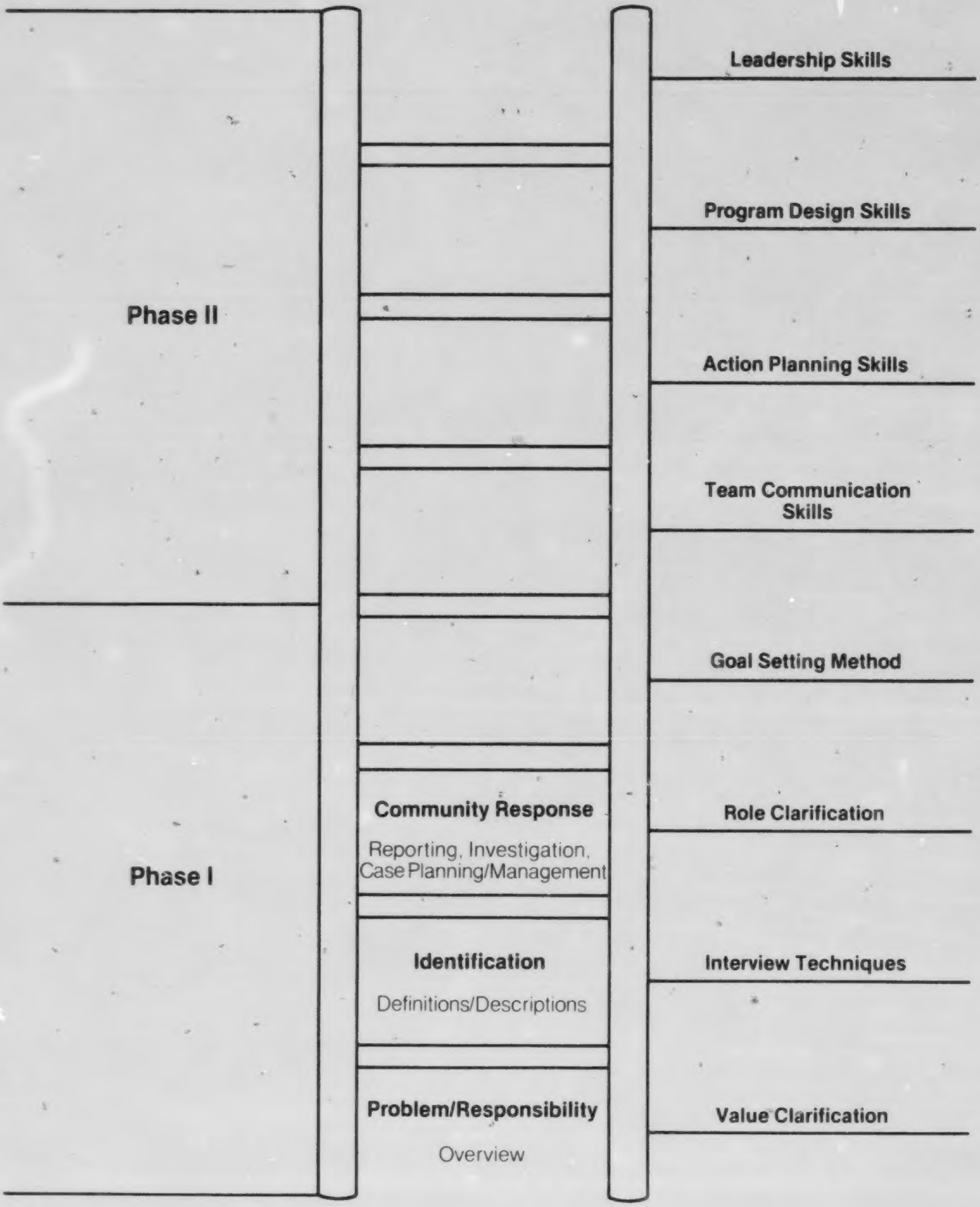
- Present a general process that is used by a community team to recommend and plan services for child abuse and neglect cases.
- Clarify roles and functions of medical, legal, law enforcement, and social work personnel in relation to the educator.
- Present privacy rights of children and parents related to confidentiality of records and personal information.
- Outline types of court procedures and how the educator might be involved.
- Give examples of crisis interventions with long and short term service alternatives.
- Provide experience in the ways role interpretations help or hinder the community response process.
- Clarify the educator's role on a child abuse and neglect multidisciplinary team.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 4: COMMUNITY RESPONSE (CASE PLANNING AND MANAGEMENT)–3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 10 min.	Provide transition and additional information. Give direction and time frames.	In **total group** trainer: ● Reviews community response process. ● Shares learning objectives for session. ● Introduces panel members representing local agencies.	Ladder Transparency Transparency 1 from Session 3 Overhead projector Session 4 Objectives
2 Agency presentation Presentation 50 min. Discussion 30 min.	Inform participants of referral and case management phases. Present court procedures. Identify roles that are involved in a child abuse and neglect community response system. Allow further discussion that focuses on crisis interventions, long and short term service alternatives, procedures, and issues of confidentiality.	In **total group:** ● Agency representative presents role and agency function. ● Legal representative outlines types of court intervention. ● Participants ask questions and receive clarification. ● Panel members lead discussion.	Agencies outline
Break 15 min.		Trainer designates areas of the room for role groups and distributes role cards with group numbers.	Coffee/tea 3" x 5" role cards
3 Role clarification exercise 50 min.	Share information. Analyze agency roles in terms of responsibilities, service functions, and appropriate involvement. Discuss ways role percenptions affect the community response process.	Trainer presents case study to **total group.** Agency representatives brief **role groups** about how to give appropriate role responses to the case presented. In **numbered work groups:** ● Task: Group makes referral decisions in a collaborative way. ● Observer gives feedback using observer guide. ● Task: Group identifies behaviors that helped and hindered referral process.	Tables identified by different numbers Role cards Case study (Transparencies 1, 2, 3) Overhead projector Observer guides (Worksheet 1)
4 Generalization 25 min.	Help participants understand ways role interpretations can help or hinder the community response process. Tie learning to theory. Clarify the educator's role.	In **total group:** ● Recorders report group results. ● Trainer lists collaborative and competitive behavior and identifies role conflict resolution methods. ● Trainer elicits responses about what educators have to offer during the referral phase.	Summary outline Newsprint chart

Child Abuse and Neglect
Training Program Overview


Leadership Skills
Program Design Skills
Phase II
Action Planning Skills
Team Communication Skills
Goal Setting Method
Community Response
Reporting, Investigation, Case Planning/Management
Role Clarification
Phase I
Identification
Definitions/Descriptions
Interview Techniques
Problem/Responsibility
Overview
Value Clarification

ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
10 min.	Provide transition and additional information. Give direction and time frame.	Total group	Ladder Transparency Transparency 1 from Session 3 Overhead projector Session 4 Objectives

NOTE: The representative from the coordinating agency who participated during the previous session should be present to moderate the panel. It is advisable to limit the number of panel members and select people who have some experience with child maltreatment cases. In some locations, all these people may be on the Community Protection Team. Speakers from the following professions should be included: legal, medical, law enforcement, and social services.

■ Review community response process.

Begin by presenting the LADDER TRANSPARENCY to locate the session with respect to the overall program. Delineate the communication process as moving from personal reflection to the interpersonal levels of adult/child and adult/adult interaction. Using the Community Response Transparency (Session 3 Transparency 1), briefly review the purpose of each phase.

■ Share learning objectives for session.

Read objectives from the Session 4 objectives chart and refer to Session 2 questions that might be addressed by each participant.

■ [illegible]oduce panel members representing local agencies.

Introduce each speaker to the group, refer to the agency represented, and comment about personal qualifications. Give a general time frame for presentations and a format for group questions. It is important to add that the role clarification activity, after the break, will allow time for more interaction with each presenter.

ACTIVITY 2
Agency Presentation

Time	Purpose	Setting	Materials
50 min. (presentation)	Inform participants of referral and case management phases. Present court procedures.	Total group	Agencies outline (below)
30 min. (discussion)	Identify roles that are involved in a CA/N community response system. Allow further discussion that focuses on crisis interventions, long and short term service alternatives, procedures, and issues of confidentiality.		

NOTE: The following suggestions of topics to be addressed can be included in a letter confirming participation to each representative. A copy of the Session 4 Overview should be included to clarify learning purposes and time frames for the activities. Information that would be useful to the educator from each role perspective might include:

■ Agency representative presents role and agency function.

Social Worker Role
- Establishing communication with schools.
- Identifying and coordinating treatment services.
- Maintaining communication with the teacher.
- Evaluating progress of the child and family.

Medical Role
- Examination procedures.
- Gathering diagnostic data for the court or police.
- Information sharing procedures.
- Services available/collaborating with schools.

Attorney Role
- Types of legal intervention.
- General court procedures.
- Educator involvement in the legal process.
- Child and family rights, confidentiality protections.

Police Role
- Simultaneous investigation procedures.
- Types of law enforcement interventions.
- Information-sharing policies.
- Services to schools.

■ Legal representative outlines types of court intervention.

The presenter can use handouts, newsprint, or a blackboard to describe legal processes. Supplementary information is available in the Session 4 Resource Materials and can be distributed at this time.

■ Representatives answer questions and clarify.

It is useful to have the participant identify himself or herself by name and location before addressing a question. This will enable the agency representative to be more specific. Time can be made available during the break if a more specific answer is needed.

■ Panel members lead discussion.

The discussion can take place in the total group or in smaller discussion areas, depending on group size and preference. The total group approach allows participants to hear different viewpoints on the same question, while the small group approach gives people more opportunity to interact.

ACTIVITY 3

Role Clarification Exercise

Time	Purposes	Settings	Materials
50 min.	Share information. Analyze agency roles in terms of responsibilities, service functions, and appropriate involvement. Discuss ways role perceptions affect the community response process.	Total group Role groups Numbered work groups	Tables identified by different numbers Role cards Transparencies 1, 2, 3 Overhead projector Worksheet 1

NOTE: In advance, prepare role cards for each agency representative (EDUCATOR, ATTORNEY, MEDICAL PERSON, LAW ENFORCEMENT OFFICIAL, SOCIAL WORKER). During break, distribute role cards, each bearing a group number, to form work groups composed of five professionals (e.g., EDUCATOR, Group 1; EDUCATOR, Group 2; ATTORNEY, Group 1; ATTORNEY, Group 2; etc.). Assign a table for each group and give each table a number. Also place large newsprint signs in various areas of the room to designate each role group. Give agency representatives observer guides (WORKSHEET 1). If there are more than four work groups, assign an observer for each additional group.

To add a note of reality, instruct one person in each work group (by writing instructions on one role card for each work group) to obstruct the group process by using obscure language, disagreeing with decisions, or being territorial. This should not be known by the rest of the group until the exercise is over.

Display the case study (TRANSPARENCIES 1, 2, 3) and read it aloud for the total group.

- **Present case study.**

Have participants go to assigned role groups designated by newsprint signs. Presenters tell their respective role groups how to give an appropriate response to the case at the planning meeting. (This should take about 15 minutes.)

- **Agency representatives brief participants about appropriate role responses in the case.**

Direct participants to attend respective group meetings at numbered tables. Each planning meeting makes recommendations for this particular case. Participants are encouraged to do this in a cooperative way.

- **Task: Work groups make referral decisions in a collaborative way.**

Each agency representative observes a group and records behavior using WORKSHEET 1. Following an approximately 20 minute meeting, the observer in each group shares the information collected.

- **Observer gives feedback to group using observer guide.**

Distribute a large piece of newsprint that replicates the observer guide to each work group. Instruct each group to appoint a recorder and make a list of events/behaviors for each column.

- **Task: Work groups identify behaviors that helped and hindered the referral process.**

ACTIVITY 4
Generalization

Time	Purpose	Setting	Materials
25 min.	Help participants understand ways role interpretations help or hinder the community response process. Tie learning to theory. Clarify the educator's role.	Total group	Summary outline (below) Newsprint chart

The recorder from each table (work group) explains to the total group the behaviors/events that helped and hindered the case planning meeting. Charts should be posted so they can be seen.

■ Recorder reports group results to total group.

To generalize information, identify from the charts helpful behaviors that can be regarded as *collaborative* and hindering behaviors that are recognized as *competitive*. For example, hidden agendas and unwillingness to share information are competitive; asking for more information and consensus decisions are collaborative.

■ List collaborative and competitive behaviors.

Summarize role conflict using the following points:

■ Identify role conflict resolution methods.

Friction caused by role misunderstandings can be eliminated or reduced by a clear understanding of:

- *Role prescriptions.* The general functions of a particular role as stated by the agency.
- *Role expectations.* The interaction that occurs between roles based on what one person expects from another.
- *Role perceptions.* The interpretation a person has of his or her own role expectations.
- *Role descriptions.* The actual behavior demonstrated in role performance.

All four of these aspects of role have been examined in this session with regard to several agencies. An understanding of them can lead to a better working relationship between educators and other community service people.

Generalize the educator's role with these types of questions: "What did the educator have to offer during this planning process?" "What services were recommended by the educator that could be offered in the school?" "What knowledge did the educator have that proved useful?" Record these comments on newsprint as a summary. Conclude by thanking the speakers.

■ Elicit what educators have to offer during the referral phase.

SESSION 5

POLICY

OBJECTIVES

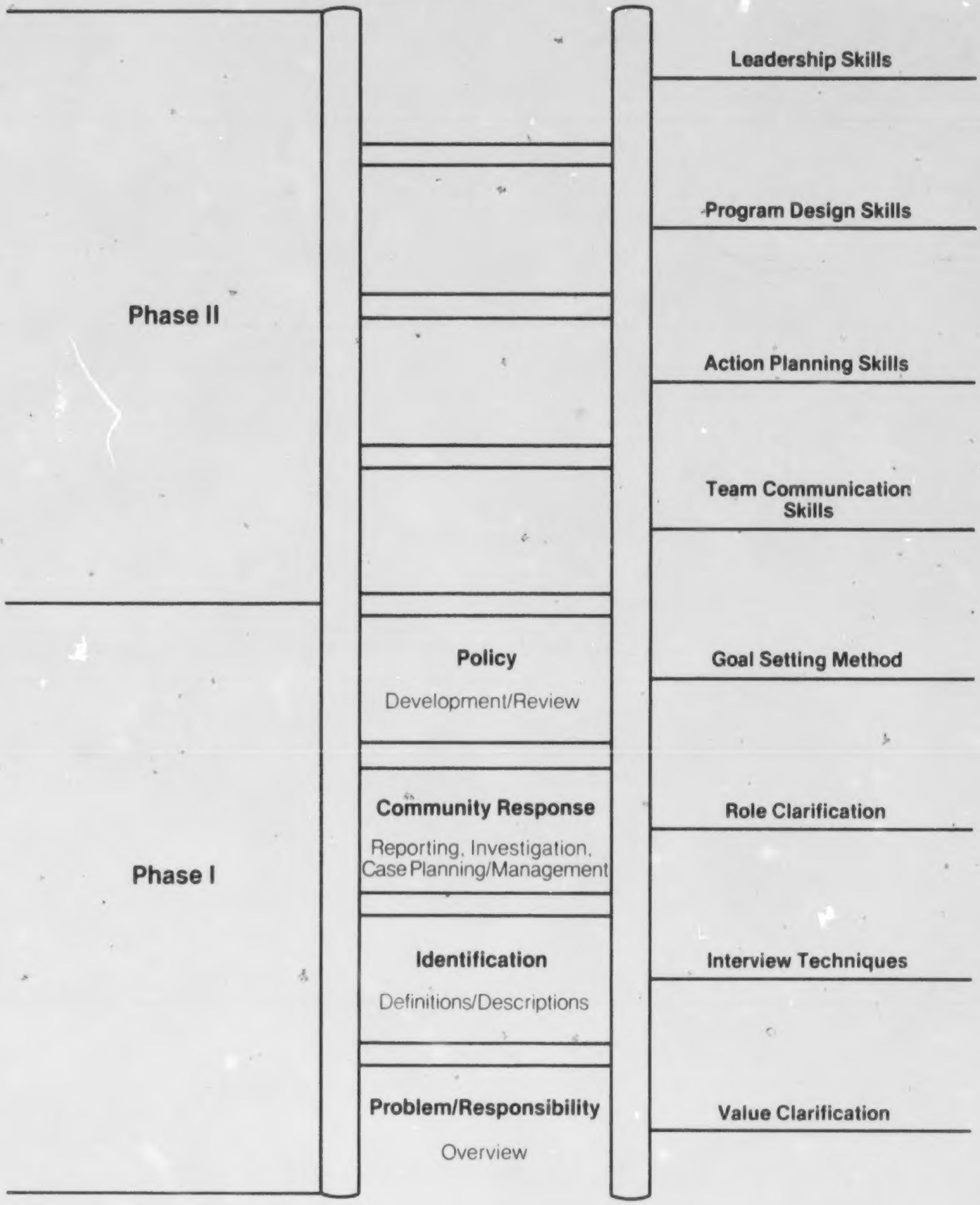
- Provide an overview of child abuse and neglect policy development with a historical perspective and current national trends.
- Practice establishing general goals and purposes that enable child abuse and neglect programs to develop.
- Present basic elements of comprehensive child protection policy.
- Analyze existing policy in the participant's geographic area.
- Clarify how the school interfaces with other community structures in a child abuse and neglect policy development effort.
- Analyze how child abuse and neglect policy development and revisions can occur in a school district.
- Critique Phase I and the overall training program.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 5: POLICY–3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 15 min.	Provide transition and direction. Present a historical perspective with current national trends.	In **total group** trainer: ● Reviews community response and outlines general program goals. ● Gives overview of child abuse and neglect policy with rationale.	Ladder Transparency Transparency 1 from Session 3 Transparencies 1, 2 Overhead projector
2 Goal setting exercise 60 min.	Establish teams that will continue together during the organization phase. Provide practice in developing general goals and action objectives that enable child abuse and neglect program development. Provide experience in collaborative interaction as a first step in team building.	Trainer shares learning objectives in **total group.** **Team work groups** (8-10 members): ● Task: List general goals for a school system that would enable effective action to occur at the community school level. ● Task: List activities that could be used to achieve these goals. Team recorders report team goals to **total group.**	Session 5 Objectives Newsprint Felt tip markers Tape
Break 15 min.		Display team goals.	Coffee/tea
3 Policy analysis exercise 60 min.	Specify policies needed to establish and support a child abuse and neglect program. Assess needs for policy development or revision. Analyze ways the educator can influence policy development.	In **total group** trainer: ● Presents elements of comprehensive child abuse and neglect policy. ● Compares policy with group goals to determine similarities and differences. **Teams:** ● Task: Analyze local school district and state policy using comprehensive goals. Identify gaps. ● Task: Make a "roadmap" of the route an educator would follow to present child abuse and neglect policy to the school board. Teams describe road maps to **total group.**	Worksheets 1, 4 Samples of state policy and law or Worksheets 2, 3 Felt tip markers Construction paper Glue
4 Generalization Mini-lecture: "Policy development and systems theory" Evaluation 30 min.	Help participants understand how the school system interfaces with other community structures during policy development. Give examples of policy action at two levels. Summarize the relationship of policy to school based child abuse and neglect programs.	In **total group** trainer: ● Helps participants draw conclusions from diagrams. ● Summarizes concepts of policy development and systems theory. **Each participant** assesses Phase I and critiques overall program.	Mini-lecture outline Transparencies 3, 4 Evaluation Forms 1, 2, 3

Child Abuse and Neglect
Training Program Overview


Phase II
Phase I
Leadership Skills
Program Design Skills
Action Planning Skills
Team Communication Skills
Policy
Development/Review
Goal Setting Method
Community Response
Reporting, Investigation, Case Planning/Management
Role Clarification
Identification
Definitions/Descriptions
Interview Techniques
Problem/Responsibility
Overview
Value Clarification

ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
15 min.	Provide transition and direction. Present a historical perspective with current national trends.	Total group	Ladder Transparency Transparency 1 from Session 3 Transparencies 1, 2 Overhead projector

NOTE: The evaluations for Phase I are distributed at the conclusion of this session. Prepare the participants for this activity by stressing the importance of feedback. It is also recommended that the evaluation forms be filled in immediately after the Generalization and Mini-Lecture (Activity 4).

Begin by presenting the LADDER TRANSPARENCY to locate this session in respect to the overall program. Display the Community Response Transparency (Session 3, Transparency 1) and briefly review the action phases.

- **Review community response process and outline general program goals.**

Introduce the policy segment with the following statements: "Action is accomplished in an organized way when it is legitimatized and reinforced by law and policy. Resources, such as funding, become available when there is a mandate to carry out legal requirements and policy decisions."

- **Give overview of CA/N policy with rationale.**

Display TRANSPARENCY 1 and give a brief overview of child abuse and neglect legislation. Emphasize policy development in your own area with regard to state law, local policy statements, and established community action programs. This should be done in a general way since participants will analyze state and local policy during this session. Display TRANSPARENCY 2 presenting recent trends at the national level. Discuss the implications for local school districts and educators.

ACTIVITY 2

Goal Setting Exercise

Time	Purpose	Setting	Materials
60 min.	Establish teams that will continue together during the organization phase. Provide practice in developing general goals and action objectives that enable CA/N program development. Provide experience in collaborative interaction as a first step in team building.	Total group Teams (8-10 members) Total group	Session 5 Objectives Newsprint Felt tip markers Tape

NOTE: This activity should be presented with a free-thinking approach. To accomplish this, make the school system an ideal situation (e.g., no money or staff problems). Goal setting is more effective when constrictions on thinking are eliminated. Criteria for selecting workable goals is done later.

Share SESSION 5 OBJECTIVES with total group. Also give general times for various activities from Session 5 Overview.

- **Share learning objectives.**

Have participants form teams that will work together during this session and the remainder of the training program. It is suggested that participants from the same school or district form a group of their own. This enables planning that can continue in a back home situation with team support.

- **Select work groups.**

Give the following instructions to the teams: "Think of how your school system, three years from now, could meet the needs of maltreated children and their families effectively. What do you see happening?" "Educators are participating in the Community Response process. What are they doing?" "Write (on newsprint) three or four school system goals that were set to achieve this ideal situation."

- **Task: Teams list general goals for a school system that enable effective action at the community school level.**

When each team has agreed on several goals, direct teams to list programs, actions, or procedures that would implement the stated goals.

- **Task: Teams list activities that could be used to achieve these goals.**

Display newsprint charts for review by the total group. Note similarities and differences between group goals and activities.

- **Team recorders report group goals.**

ACTIVITY 3
Policy Analysis Exercise

Time	Purpose	Setting	Materials
60 min.	Specify policies needed to establish and support a CA/N program. Assess needs for policy development or revision. Analyze how the educator can influence policy development.	Total group Teams Total group	Worksheets 1, 4 Sample state policy and law or Worksheets 2, 3 Felt tip markers Construction paper Glue

Distribute WORKSHEET 1. Read aloud the goals and administrative procedures. Note that many school systems are not prepared to implement all goals. It may be necessary to start with two goals and plan policy revision for further action at a later date.

- **Present elements of comprehensive CA/N policy to total group.**

Analyze the goals that were developed in the previous exercise by asking these types of questions: "Are there any gaps between the goals developed by your team and this chart?" "What additions should be made for your ideal school system?"

- **Compare policy with group goals to determine similarities and differences.**

Distribute copies of state and local policy to teams. If policies are not available use samples (WORKSHEETS 2, 3). Instruct teams to compare both documents with the elements of comprehensive policy. After a few minutes, facilitate a discussion to analyze what elements are present and missing in current law and policy.

- **Task: Teams analyze local school district and state policy using comprehensive goals; identify gaps.**

Distribute WORKSHEET 4 to teams. Introduce this activity as an exercise in creative thinking and drawing. Instruct teams to be political and practical while they map a route to the school board to ask for new policy or revision. To make this more fun, give teams colored felt tip markers, construction paper, and glue.

- **Task: Teams make a "road map" of the route an educator would follow to present CA/N policy to the school board.**

One or two team members describe their road map chart to the total group. The "maps" should be displayed so they can be seen by the total group.

- **Teams describe their road maps to total group.**

ACTIVITY 4

Generalization/Mini-Lecture

Time	Purpose	Setting	Materials
30 min.	Help participants understand how the school system interfaces with other community structures during policy development. Give examples of policy action at two levels. Summarize the relationship of policy to school based CA/N programs.	Total group	Mini-lecture outline (below) Transparencies 3, 4 Evaluation forms 1, 2, 3

Mini-Lecture: "Policy Development and Systems Theory"

NOTE: Ask the group to draw conclusions from the road maps. Generalize learning with these types of questions: "What contacts are essential for policy or revision to be considered by a school board?" "Who are the significant people that would support this effort?" "What type of community support is useful to develop child abuse and neglect school policy?" The following key points summarize the learning in the context of systems theory:

- Policy development can occur at two levels: administrative or grass roots. The snowball rolls downhill from the administrative level and uphill from the grass roots level. There is the advantage of adding support from the people who will be most affected by pushing the ball uphill. When moving downward, things will happen more quickly, but there is still need to involve people at lower levels of the system.

- When initiating a policy development effort it is important to know the system. Using a systems approach to understand the complexity of an organization enables one to describe, explain, and predict a wide range of human behavior.

- Applied systems theory is an attempt to perceive the whole in relationship to the interacting parts. (Display TRANSPARENCIES 3, 4.) All of these elements must be considered when attempting to influence a system to adopt or revise child abuse and neglect policy. Systems theory can be studied in depth. However, it is a useful concept, even in a simplified form, to clarify dimensions of policy development.

  (1) Environmental influences. Understanding the relationship between an individual and the whole system clarifies all of the aspects that affect an organizational change effort.
  (2) Groups and roles. Understanding the formal and informal system is necessary to identify significant persons who will support action plans.
  (3) Patterns of communication. Knowing the internal decision making prcess in a system is essential for dealing with those in authority who can authorize action implementation.
  (4) Goals and functions. Knowing the purposes and activities of work groups in the system is helpful when choosing issues to present for specific action.
  (5) Values and norms. Being aware of beliefs and behaviors inherent in a system enables planners to choose acceptable goals and strategies.

Have participants complete evaluation forms 1-3.

■ **Participants evaluate Phase I.**

If participants are not continuing on to Phase II, also complete Training Program Critique (Session 10, Evaluation Form 4).

SESSION 6

SCHOOL BASED TEAM

OBJECTIVES

- Assess factors that conribute to participant involvement in groups.
- Present a rationale for establishing or utilizing existing school teams to deal with child abuse and neglect.
- Identify factors that contribute to an effective team system.
- Clarify the distinction between establishing, building, and maintaining teams.
- Present a method for identifying personal and group resources.
- Practice supportive behaviors.
- Identify and practice behaviors that characterize team leadership functions.
- Compare group and individual efforts when working with child abuse and neglect cases during family treatment.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 6: SCHOOL BASED TEAM—3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 15 min.	Assess factors that contribute to participant investment in learning and contributing.	In **teams**: ● Individual team members fill out an involvement review. ● Members share information and team discusses it.	Ladder transparency Overhead projector Involvement Review (Worksheet 1)
2 Mini-lecture: "Organizing school response" 10 min.	Discuss motivation at two levels: commitment and action. Provide a transition, a training rationale, and an outline of Phase II.	In **total group** trainer: ● Discusses factors that cause personal and group involvement. ● Defines organization and program development.	Mini-lecture outline Transparency 1 Overhead projector
3 Filmstrip: "Child Abuse and Neglect: What the Educator Can Do" 25 min.	Present a rationale for establishing or utilizing existing teams to deal with child abuse and neglect. Identify factors that contribute to an effective team system. Help participants understand distinction between establishing, building, and maintaining teams.	In **total group** trainer: ● Introduces and shows filmstrip. ● Presents the stages in team development. ● Shares learning objectives for session.	Filmstrip and projector Transparency 2 Overhead projector Session 6 Objectives
4 Mini-lecture: "Individual resources and meaningful feedback" Team support exercise 40 min.	Apply a method for identifying personal and group resources. Practice supportive behaviors.	Trainer presents mini-lecture to **total group.** **Dyads** conduct personal resources interviews and give individual feedback using guidelines. Interviewers share information with **teams.**	Mini-lecture outline Interview (Worksheet 3) Feedback Guidelines (Worksheet 2)
Break 15 min.		Prepare role cards for each team.	Coffee/tea
5 Mini-lecture: "Shared leadership and task and maintenance functions" Effective group exercise 60 min.	Identify behaviors that characterize leadership functions. Practice and analyze task and maintenance functions on a school team.	In **total group** trainer: ● Presents mini-lecture. ● Presents case study. ● Distributes role cards to Team 1, observer guides to Team 2. In **team on team**: ● Team 1 enacts meeting, observers give feedback. ● Teams exchange places: Team 2 enacts meeting, Team 1 observers give feedback.	Mini-lecture outline Observer guides (Worksheet 4) Case study (Transparency 3) Overhead projector Role cards
6 Generalization 15 min.	Summarize experiential learning. Compare strengths of group vs. individual efforts when working with complex problems.	In **total group** trainer: ● Lists learning about effective functioning of groups. ● Elicits the advantages for utilizing a team to manage child abuse and neglect problems.	Newsprint Felt tip markers

Child Abuse and Neglect
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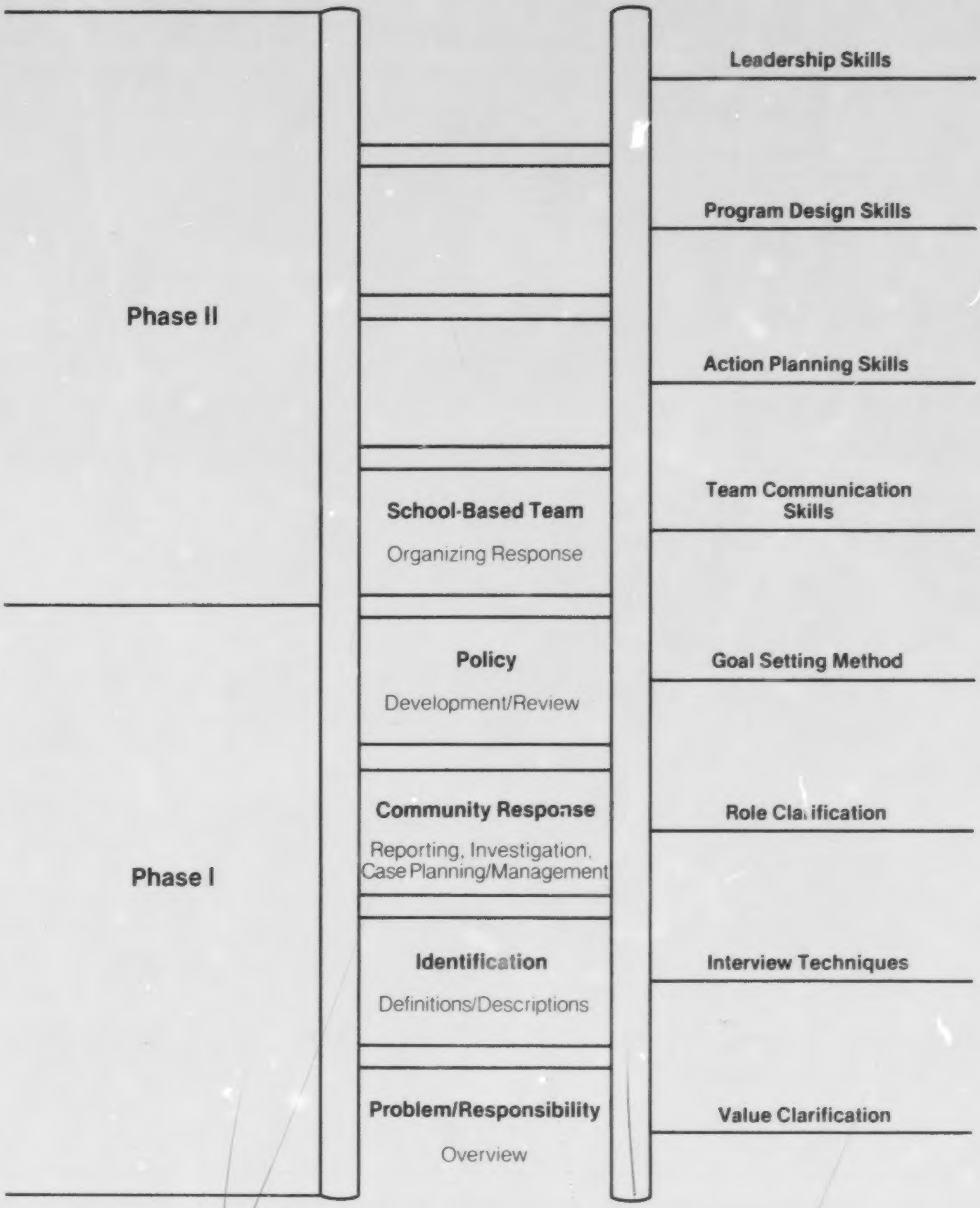
Phase II
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ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
15 min.	Assess factors that contribute to participant investment in learning and contributing.	Teams	Ladder Transparency Overhead projector Worksheet 1

NOTE: Participants should be seated at tables in the same teams that worked together during Session 5.

Note that this session begins Phase II of the training program. Display the LADDER TRANSPARENCY to describe progression. Explain that the first phase focused on an orientation to child abuse and neglect and action needed for immediate protection. The second phase presents an organization approach needed to develop support services for maltreated children as a school-community effort.

- **Introduce Phase II.**

Distribute Involvement Review Worksheets (WORKSHEET 1) and allow participants a few minutes for personal reflection as to what causes individuals to become involved in groups.

- **Individual team members fill out involvement reviews.**

Encourage each team member to share information recorded on the worksheet with the team. This is done to clarify personal motivations for working with a group.

- **Team members share information and discuss it with team.**

ACTIVITY 2
Mini-Lecture

Time	Purpose	Setting	Materials
10 min.	Discuss motivation at two levels: commitment and action. Provide a transition, training rationale, and an outline of Phase II.	Total group	Mini-lecture outline (below) Transparency 1 Overhead projector

Mini-Lecture: "Organizing School Response"

NOTE: The purpose of the involvement review is to identify factors that cause people to join group efforts. Begin this activity by eliciting some examples from participant discussion during the previous activity. The following key points should be included as an introduction to this session:

- Motivation to get involved in solving a problem or working on a project can occur at two levels: commitment and action.
- People can be committed to a cause and not become active. They can support it in other ways. Contributing money to promote the efforts of others is certainly a sign of commitment.
- Action is another level of motivation. This means a person is willing to give time and energy to work for a cause.
- People are usually selective in choosing issues that require physical energy contributions and may want to participate in less demanding ways.
- Phase I of this training program may be adequate to gain educator commitment to action needed for immediate protection.
- Phase II is designed to practice skills necessary for effective action within a school system in order to support maltreated children and their families. The focus will be on organizational development and program development. (Display TRANSPARENCY 1.) Sessions 5 and 6 present the organization of a school based team as a structure that coordinates service planning in the school setting. This is done in conjunction with the community structure for child protection services, a multidisciplinary team. Sessions 7 and 8 present a program development process that can be used to plan support services for maltreated children and their families. Session 9 explores the leadership styles that facilitate organizing and planning child abuse and neglect programs.
- The multidisciplinary team is recognized as a viable way of coordinating a community response for child protection. The school based team is a comparable structure that can be utilized to deal with child abuse and neglect problems at the local level. Since a school does not have the number of cases that a community has, school based teams would function to process other problems as well as child maltreatment.

ACTIVITY 3
Filmstrip

Time	Purpose	Setting	Materials
25 min.	Present a rationale for establishing or utilizing existing teams to deal with CA/N. Identify factors that contribute to an effective team system. Help participants understand distinction between establishing, building, and maintaining teams.	Total group	Filmstrip and projector Transparency 2 Overhead projector Session 6 Objectives

NOTE: The filmstrip should be set up in advance. Viewing time is about 15 minutes.

■ Introduce and show "Child Abuse and Neglect: What the Educator Can Do."

Present the filmstrip as a focus on educator involvement from an action-taking point of view. The purpose is to review Phase I and introduce Phase II of the training program.

■ Present the stages in team development.

Display TRANSPARENCY 2 and outline the distinction between establishing, building, and maintaining teams. Explain that the learning experiences constructed in Phase II are designed to combine the knowledge and skills necessary to organize and maintain an effective team support system for the teacher as well as for the child and family. There is no such thing as an "instant team." Group relationships are the result of growth and struggle. There are team skills that can be learned, just as individuals can learn how to interview a child. Team communication involves even more complex dynamics than one to one relationships. Interaction can be more productive when members apply group skills.

■ Share learning objectives for session.

Share SESSION 6 OBJECTIVES and add: "The activities planned for this session focus on three aspects of the team building process: communication channels, identifying team members' resources, and shared leadership."

ACTIVITY 4
Mini-Lecture/Team Support Exercise

Time	Purpose	Setting	Materials
40 min.	Apply a method for identifying personal and group resources. Practice supportive behaviors.	Total group Dyads Teams	Mini-lecture outline (below) Worksheet 2, 3

Mini-Lecture: "Individual Resources and Meaningful Feedback"

- In looking at groups that work together effectively, it is clear that they operate as a collection of individuals who have a clear understanding of shared purposes and goals. This was demonstrated in the policy session.
- Characteristic behaviors of an effective team are: (1) interdependence of members in order to achieve goals; (2) a high degree of cohesiveness; (3) ability to make clear decisions; and (4) awareness of the talents and resources offered by each member.
- The function of the team is to support its goals and the efforts of its members.
- One of the best ways of getting support is by communicating successes and frustrations.
- Distribute WORKSHEET 2 and read through the guidelines for feedback with the group.
- The purpose of feedback is to help us be more sensitive in our actions and to the reactions we cause in others, which in turn will help us be more effective. Supportive behaviors are essential for a successful team effort.

NOTE: This exercise can become time consuming, so it is important to give time cues. It may even be necessary to eliminate the break since this activity can be tension reducing.

Have participants form dyads within teams. Give the following instructions: "We will now have the opportunity to explore the personal and professional resources of team members. This will be done in an interview format." (Distribute WORKSHEET 3.)

■ **Dyads conduct personal resources interviews.**

"Supportive feedback is very reinforcing and helps us through difficult tasks. At the end of each interview, interviewer should share some supportive feedback with the other person at both a personal and professional level."

■ **Interviewers give feedback using guidelines.**

"After interviews are completed, each interviewer will tell the other team members what the other person has to offer both personally and professionally to a school based team working with child maltreatment problems."

■ **Interviewers share information with teams.**

ACTIVITY 5
Mini-Lecture/Effective Group Exercise

Time	Purpose	Setting	Materials
60 min.	Identify behaviors that characterize leadership functions. Practice and analyze task and maintenance functions on a school team.	Total group Team on team	Mini-lecture outline (below) Worksheet 4 Transparency 3 Overhead projector Role cards

Mini-Lecture: "Shared Leadership and Task and Maintenance Functions"

- Leadership is not just the responsibility of one person. It is a set of functions that are performed for a group. Therefore, leadership can be shared.
- Leadership is responding with appropriate action in the situation as it develops. These actions can be performed by members according to their respective abilities.
- Most groups have two jobs: (1) a task to perform, and (2) to maintain group life.
- Trying to accomplish a task without paying attention to maintaining the life of the group is like driving a car for thousands of miles without any attention to upkeep.
- Leadership functions correspond to these two jobs. It is possible for designated leaders to supply all of these functions. However, shared responsibility for leadership can make for a more effective group.

Discuss the Observer Guide (WORKSHEET 4) for the effective group exercise with the total group. Read the descriptions of task and maintenance functions.

■ **Review functions.**

Display TRANSPARENCY 3 and read case study aloud.

■ **Present case.**

Distribute role cards (PRINCIPAL, SPECIAL SCHOOL PRINCIPAL, SCHOOL SOCIAL WORKER, SCHOOL NURSE, CLASSROOM TEACHER, SPECIAL EDUCATION TEACHER, COUNSELOR, PSYCHOLOGIST) to Team 1. Each team member makes a sign, visible to the entire group, that indicates the role—but not the leadership function he/she is providing for the group. (See next page.) Each Team 1 member is assigned an observer from Team 2 who will keep track of the types of responses made during discussion. (Observers should sit behind the person for whom they are checking responses.)

■ **Distribute role cards to Team 1 and Observer Guides to Team 2.**

Set the scene for the meeting and end the role play when everyone has had an opportunity to speak. Each Observer is asked to relate what primary leadership function the person he/she was watching performed for the group. There may be other functions, since some people are natural task or maintenance leaders by virtue of personal styles.

■ **Team 1 enacts meeting; observers give feedback.**

If time permits, let observers practice leadership functions by changing places. Prepare another set of cards with different primary functions, if this is done.

■ **Teams exchange places and re-enact meeting; observers give feedback.**

ROLE CARDS

CLASSROOM TEACHER

Position: Very opposed to child returning to your class.

Primary leadership function:

Clarifying

PRINCIPAL

Position: Very skeptical. You begin the meeting and keep it going.

Primary leadership function.

Initiating

SPECIAL EDUCATION TEACHER FROM SPECIAL SCHOOL

Position: Wants child to return to regular class.

Primary leadership function:

Summarizing

SPECIAL SCHOOL PRINCIPAL

Position: Feels child should return to school and maintain support services to family.

Primary leadership functions:

Harmonizing and compromising

COUNSELOR ROLE

Position: Opposed to child returning to the Junior High School.

Primary leadership function:

Consensus testing

SCHOOL SOCIAL WORKER

Position: Wants child to remain at special school during family treatment.

Primary leadership function:

Information or opinion seeking

PSYCHOLOGIST ROLE

Position: No big investment either way.

Primary leadership functions:

Information giving and gate keeping

SCHOOL NURSE ROLE

Position: In favor of having child back in the Junior High School.

Primary leadership functions:

Encouraging and expressing group feelings

ACTIVITY 6
Generalization

Time	Purpose	Setting	Materials
15 min.	Summarize experiential learning. Compare strengths of group vs. individual efforts when working with complex problems.	Total group	Newsprint Felt tip markers

Generalize learning by asking these types of questions: "What did you learn from working together during these exercises (individually and as a group)?" "Does this learning have applications in your work life or personal life? Give examples." A participant or assistant trainer can record comments on newsprint during the discussion.

■ **List learning about effective functioning of groups.**

Using group discussion, identify major strengths of utilizing a school team to plan services for a child with special needs due to child abuse and neglect. Summarize by observing why team efforts are more useful than individual planning when dealing with child abuse and neglect problems. Many of the reasons for involvement stated in the opening activity are reasons why utilizing a team approach in the school is appropriate. However, it should be pointed out that effective group planning and action are directly related to team communication. These skills are addressed in the next session.

■ **Elicit the advantages for utilizing a team to manage child abuse and neglect problems.**

SESSION 7

SCHOOL BASED TEAM

OBJECTIVES

- Identify problems that occur in malfunctioning groups.
- Provide practice team decision making.
- Analyze decision making processes as to purposes and alternatives applications.
- Identify ways of dealing with conflict that could occur with child abuse and neglect problems.
- Clarify when and why several methods of resolving conflict are appropriate to different situations.
- Provide an experience in group decision making where conflict resolution can be analyzed.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 7: SCHOOL BASED TEAM–3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 15 min.	Provide transition and direction.	In **total group** trainer: ● Reviews team development stages. ● Outlines general program goals.	Transparency 2 from Session 6 Ladder Transparency Overhead projector Session 7 Objectives
2A Decision making exercise, Part A 30 min.	Identify problems that occur in malfunctioning groups. Practice team decision making.	Task: **Each participant** writes three major problems previously experienced in groups and ranks problems according to significance. In **teams:** ● Each member shares data with team. ● Task: Team decides on five major problems and ranks according to significance.	8" x 10" plain paper Newsprint Felt tip markers
2B Decision making exercise, Part B 30 min.	Identify decision making processes with purposes and alternative uses.	In **total group** trainer: ● Presents decision making methods. ● Compares advantages and disadvantages of each method. **Teams** discuss methods used. In **total group:** ● Teams report decisions and methods. ● Trainer elicits specific examples of stated problems.	Decision Making Methods (Worksheet 1)
Break 15 min.			Coffee/tea
3A Managing conflict exercise, Part A 40 min.	Provide experience in group conflict and identify behaviors that occurred.	Task: **Each participant** reads two case studies and ranks appropriate approaches. In **teams:** ● Task: Team uses consensus method to agree on appropriate approaches. ● Observer gives feedback using guide.	Conflict Styles (Worksheets 2, 3) Observer guides (Worksheet 4) Newsprint Felt tip markers
3B Managing conflict exercise, Part B 30 min.	Identify five ways of managing conflict. Examine how each team managed conflict.	In **total group:** ● Trainer presents conflict management alternatives. ● Participants identify case solutions and compare team response. ● Team observers analyze ways conflict was managed on team.	Transparencies 1, 2 Overhead projector Managing Conflict Methods (Worksheet 5) Newsprint chart Felt tip markers
4 Generalization 20 min.	Summarize experiential learning. Help participants understand the constructive and destructive power of decision making and managing conflict skills.	In **total group** trainer: ● Lists personal and group learning. ● Elicits relationship of decision making and managing conflict skills to team building and maintenance.	Newsprint Felt tip markers

Child Abuse and Neglect
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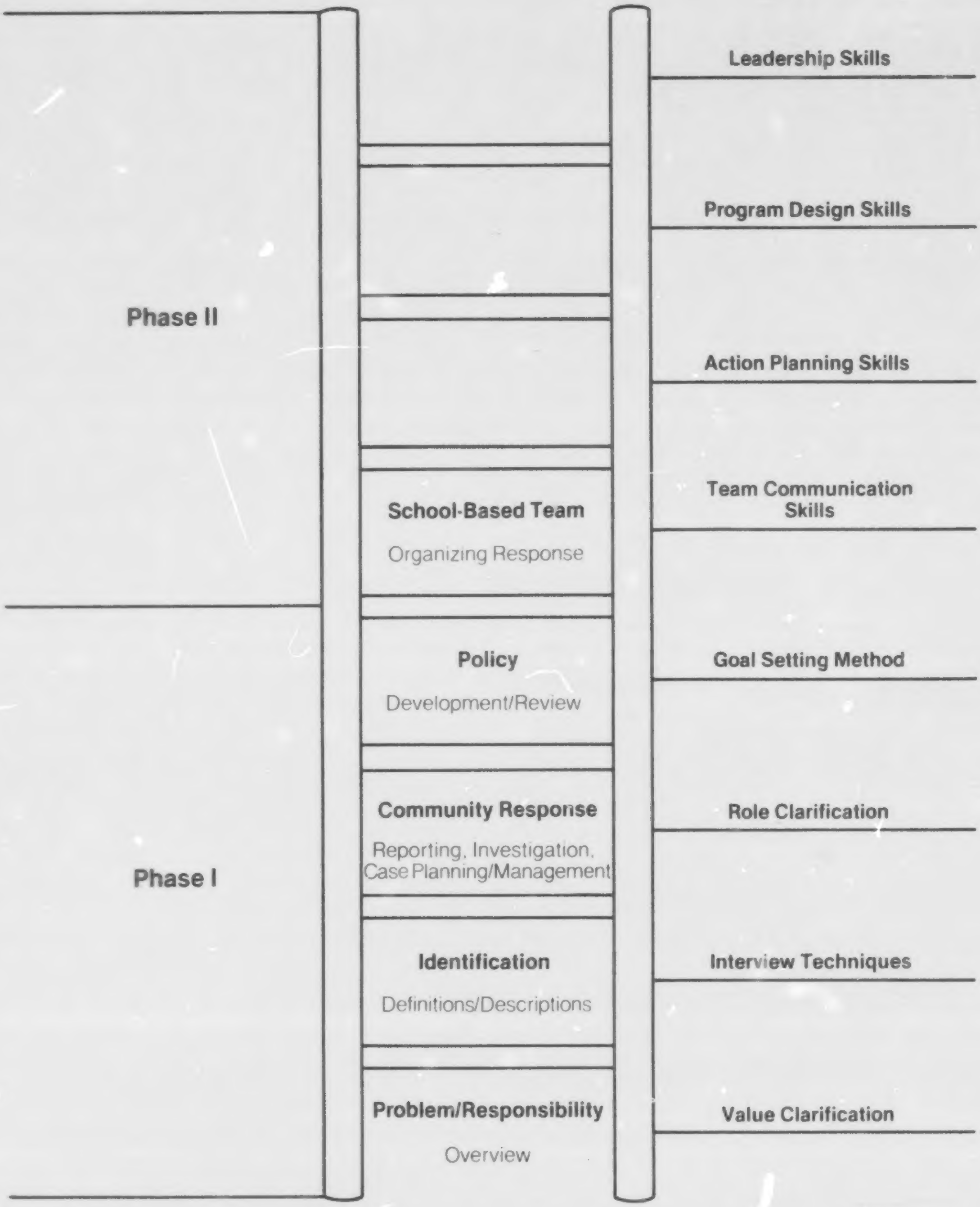
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ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
15 min.	Provide transition and direction.	Total group	Transparency 2 from Session 6 Ladder Transparency Overhead projector Session 7 Objectives

■ Review team development stages.

Display Transparency 2 from Session 6 and present group development theory. "Every group goes through certain phases in its ongoing life. These stages outline the types of action that promote effective teams. No matter how mature the group members, the group starts as a child. It lives in an atmosphere of uncertainty and moves forward in maturity as it overcomes obstacles to communication. Difficulties usually arise in decision making situations. Individual differences can produce conflict. To maintain group life, it is useful to understand appropriate decision making methods and ways of managing conflict." Refer to resource materials for additional informations.

■ Outline general program goals.

Using the LADDER TRANSPARENCY, describe the skill building process as moving from a personal focus to the adult/child and adult/adult interpersonal levels in Phase I. When organizing a school based special services team to work with problems like child maltreatment, another interaction dimension is added—intergroup communication. Realizing goals and solving problems depend on the ability of people to work together in a meaningful way. Share the learning objectives for Session 7.

ACTIVITY 2A and 2B

Decision Making Exercise

Time	Purpose	Setting	Materials
30 min. (Part A)	Identify problems that occur in malfunctioning groups.	Individual Team	8" x 10" plain paper Newsprint
30 min. (Part B)	Practice team decision making. Identify decision making processes with purposes and alternative uses.	Total group Team Total group	Felt tip markers Worksheet 1

Part A

Instruct participants to spend a few minutes reflecting on previous experiences as a team or group member. Each person writes down three specific communication problems that cause groups to malfunction (on 8" x 10" paper) and rank these problems according to the degree to which they were disruptive and subsequently caused the group to be nonproductive.

- **Task: Individuals write three major problems previously experienced in groups and rank according to significance.**

Each member shares identified problems and rankings with team.

- **Individuals share data with respective team.**

Instruct teams to agree on and rank five specific communication problems common to ineffective groups, giving the most disruptive behavior a ranking of 1. (Teams should make decisions in ways that are acceptable to the group.) This is recorded on newsprint so they can be posted when the task is finished.

- **Task: Teams decide on five major problems and rank according to significance.**

Part B

Distribute WORKSHEET 1 and read aloud to the total group the purposes of decision making methods.

- **Present decision making methods to total group.**

Present the results of each decision making method. Elicit examples from participant experience to illustrate how these methods work in typical groups.

- **Compare advantages and disadvantages of each method.**

Ask teams to talk about the decision making methods they used to decide rankings for communication problems. Then have a designated member of each team bring the newsprint to the front of the room and inform the total group of the five identified problems as well as the decision methods used to agree on rankings.

- **Teams discuss methods used, report decisions and methods to total group.**

After team presentations, ask participants to describe situations to illustrate one or two of their stated problems. This activity can be summarized by saying, "Since decision making often produces team communication problems, the next skill is to clarify ways of managing group conflict."

- **Elicit specific examples of stated problems.**

ACTIVITY 3A
Managing Conflict Exercise

Time	Purpose	Setting	Materials
40 min.	Provide experience in group conflict and identify behaviors that occurred.	Individual Teams	Worksheets 2, 3, 4 Newsprint Felt tip markers

Begin by commenting on the inevitability of conflict in groups and how it can be used as a constructive force. Everyone has developed patterns of behavior to deal with difficulties in relationships. In some situations the method is effective; in others it is ineffective. Disagreements and differences are a natural part of all human relationships. This session will present several methods of resolving conflicts that are appropriate to different situations.

- **Introduce exercise.**

Distribute WORKSHEETS 2 and 3 with instructions. Allow approximately 10 minutes for completion.

- **Task: Each participant reads two case studies and ranks appropriate approaches.**

Each team designates an observer who receives a guide (WORKSHEET 4) from the facilitator. Instructions are given to complete the activity as teams. Team members are to agree on the most and least appropriate course of action for each case using a ranking of 1 to 5. They are advised to avoid conflict reducing techniques such as voting or giving in to keep peace. Members are urged to regard differences of opinions as constructive, and to make their ranking decisions based on group consensus. Decisions are to be recorded on newsprint using the following format.

- **Task: Teams use consensus method to agree on appropriate approaches.**

CASE 1	CASE 2
A. ______________________	A. ______________________
B. ______________________	B. ______________________
C. ______________________	C. ______________________
D. ______________________	D. ______________________
E. ______________________	E. ______________________

If a team is unable to agree on all five conflict styles within a reasonable length of time, offer the option of selection the most (1) and least (5) desirable method for each case.

After about 30 minutes, ask observers to provide the team with pertinent feedback for purposes of discussion.

- **Observer gives feedback using guide.**

ACTIVITY 3B
Managing Conflict Exercise

Time	Purpose	Setting	Materials
30 min.	Identify five ways of managing conflict. Examine how each team managed conflict.	Total group	Transparencies 1, 2 Overhead projector Worksheet 5 Newsprint chart Felt tip markers

■ Present conflict management alternatives.

Present the five styles of handling conflict to the total group using the Conflict Methods Transparency (TRANSPARENCIES 1, 2). Distribute WORKSHEET 5 to the group.

■ Participants identify case solutions and compare team response.

Read each solution for Case 1, allowing time for participants to identify the conflict resolution style that is demonstrated. For example: A. Confront the principal outright and tell him you need to work together to help this child and his or her family. The solution is an *integration* approach because there is an attempt to collaborate. The other solutions are listed below. Record each solution as it is given on a newsprint chart.

CASE 1	CASE 2
A. Integration	A. Power (authority)
B. Denial	B. Negotiation
C. Power (minority)	C. Withdrawal
D. Compromise	D. Collaboration
E. Suppression	E. Smoothing Over

■ Each team reporter posts newsprint and identifies team's decisions.

Each team identifies its decisions for the most and least desirable way of handling the two cases. One member can write the conflict solution next to the numbers on the newsprint chart; another can post them and report to the total group.

■ Teams in total group analyze ways conflict was managed on teams.

Ask each team observer to comment on conflict resolution styles that were used by the group during the exercise. Other team members may also respond.

ACTIVITY 4
Generalization

Time	Purpose	Setting	Materials
20 min.	Summarize experiential learning. Help participants understand constructive and destructive power of decision making and managing conflict skills.	Total group	Newsprint Felt tip markers

Process the two activities with the entire group by asking these types of questions: "What have you learned from these experiences that will be helpful to you in other situations?" "How would you apply these skills if you were in a group that was experiencing conflict?" A participant or assistant trainer can record comments on newsprint while people are talking.

■ **List personal and group learning.**

Facilitate discussion that generalizes the learning by asking for specific reasons why teams dealing with child maltreatment problems should learn and practice communication skills. Summarize by adding that several methods of decision making and managing conflict can be used in succession. If one method doesn't work it is wise to select another. It is also advisable to develop a rationale when making a choice.

■ **Elicit relationship of decision making and managing conflict skills to team building and maintenance.**

SESSION 8

SCHOOL PROGRAMING

OBJECTIVES

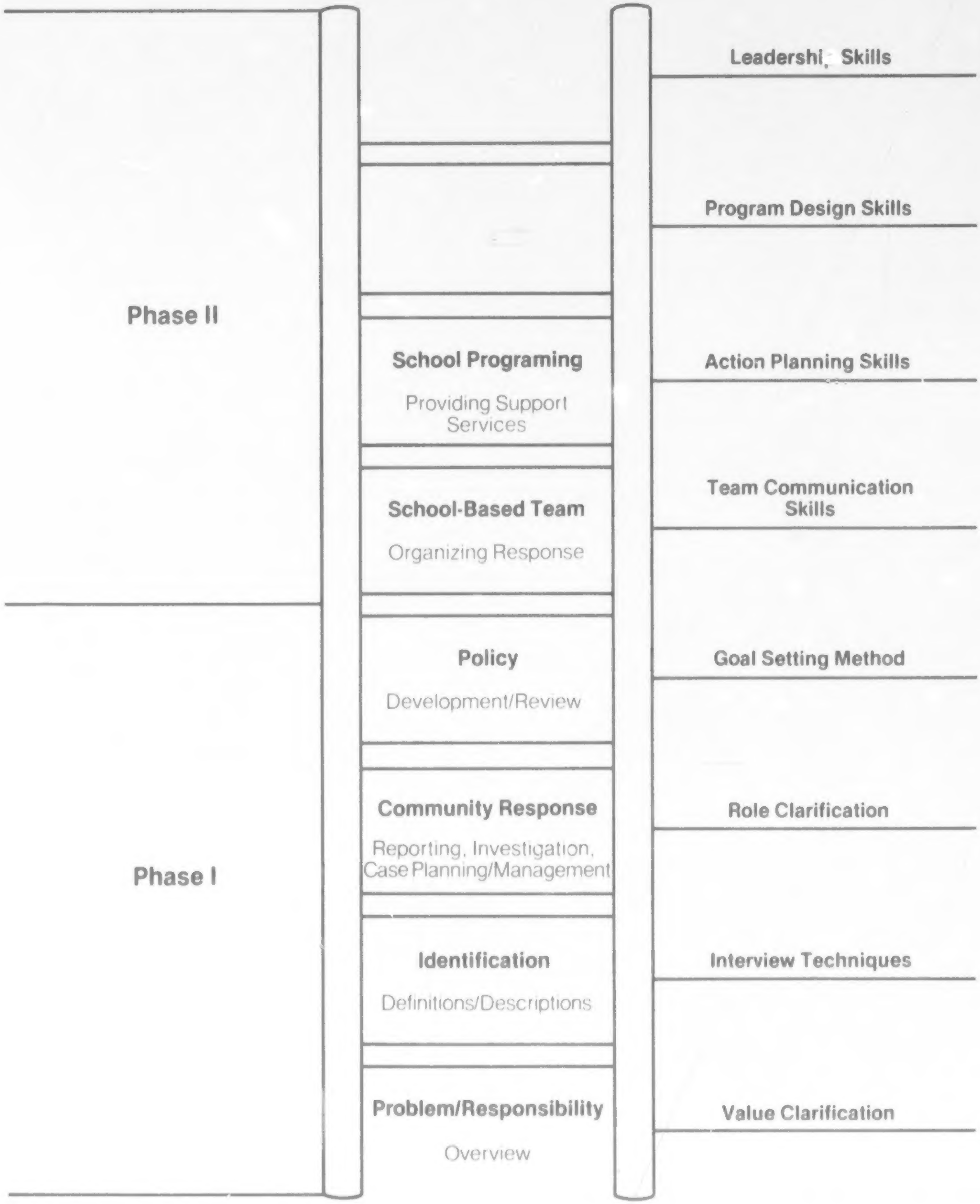
- Assess school system services available to a maltreated child and the family.
- Define school programing in the context of a service delivery system.
- Describe an action planning process.
- Apply problem solving steps to a specific child abuse and neglect case.
- Provide a tool for assessing resources.
- Present a theory for linking action planning to action taking when dealing with blocks.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 8: SCHOOL PROGRAMING—3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 15 min.	Assess school system services available to a child and family.	Trainer with **total group** lists school system services available to the maltreated child and the family.	Ladder Transparency Transparency 1 from Session 6 Overhead projector Newsprint Felt tip markers
2 Mini-lecture: "Developing and delivering child abuse and neglect services" 15 min.	Define school programing in the context of a service delivery system. Help participants understand program development design process.	In **total group** trainer: ● Presents example of a school service delivery model. ● Presents stages of program development process.	Session 8 Objectives Mini-lecture outline School Service Model (Worksheet 1) Transparency 1 Overhead projector
3A Problem solving exercise, Part A 40 min.	Describe a problem solving method. Practice brainstorming as an exercise in group creativity.	In **total group** trainer: ● Shares learning objectives. ● Introduces problem solving as part of action planning. ● Presents problem solving steps with case study. **Teams** practice brainstorming using rules. Team recorders report ideas to **total group.**	Worksheet 2 Transparencies 1-11 Overhead projector Newsprint Felt tip markers
Break 15 min.			Coffee/tea
3B Problem solving exercise, Part B 50 min.	Apply the problem solving process to a specific child abuse and neglect back home situation.	Trainer describes problem solving steps for **total group.** **Teams:** ● Work on child abuse and neglect case that presented a classroom problem, following problem solving steps. ● Analyze process using guide.	Problem Solving Worksheet (Worksheet 2) Observer guides (Worksheet 3) Newsprint Felt tip markers
4 Identifying resources exercise 20 min.	Review action planning process. Use a tool for assessing helps and blocks to action.	Trainer presents last three steps of action planning to **total group.** **Teams** develop resources for action selected in problem solving sequence. Teams report to **total group** the problem and resources.	Transparencies 1-10 Overhead projector Newsprint Felt tip markers Resources (Worksheet 4)
5 Generalization 15 min.	Summarize experiential learning. Relate process to back home situation.	In **total group** trainer: ● Records reactions to problem solving method. ● Elicits applications to school and individualized programing.	Newsprint Felt tip markers
6 Mini-lecture: "Utilizing resources" 10 min.	Link action taking to action planning and identify resources. Outline Lewin's force field theory.	In **total group** trainer: ● Introduces the action taking phase. ● Presents concept of dealing with action blocks.	Mini-lecture outline

Child Abuse and Neglect
Training Program Overview


Phase II
Phase I
Leadership Skills
Program Design Skills
School Programing
Providing Support Services
Action Planning Skills
School-Based Team
Organizing Response
Team Communication Skills
Policy
Development/Review
Goal Setting Method
Community Response
Reporting, Investigation, Case Planning/Management
Role Clarification
Identification
Definitions/Descriptions
Interview Techniques
Problem/Responsibility
Overview
Value Clarification

ACTIVITY 1
Climate Set

Time	Purpose	Setting	Materials
15 min.	Assess school system services available to a child and family.	Total group	Ladder Transparency Transparency 1 from Session 6 Overhead projector Newsprint Felt tip markers

NOTE: In advance, prepare a newsprint chart on which to record school system services. The chart should have two columns: child centered and family outreach.

Display the LADDER TRANSPARENCY and locate the session with respect to the overall program. Display the Organizational Development and Program Development Definitions Transparency (Transparency 1 from Session 6). Explain that Sessions 6 and 7 have dealt with the structures that make programs possible. This session introduces a program development process a school based team can use to plan services for maltreated children.

- **Introduce session.**

Have participants suggest specific school system services that are available in their local areas. Write information as it is given on the previously prepared newsprint chart (or ask an assistant to do it). This list can be used to develop an inventory of school resources for a handbook.

- **Group lists school system services available to the maltreated child and the family.**

ACTIVITY 2
Mini-Lecture

Time	Purpose	Setting	Materials
15 min.	Define school programing in the context of a service delivery system. Help participants understand program development design process.	Total group	Session 8 Objectives Mini-lecture outline (below) Worksheet 1 Transparency 1 Overhead projector

NOTE: Begin this activity by sharing the SESSION 8 OBJECTIVES.

Mini-Lecture: "Developing and Delivering Child Abuse and Neglect Services"

- Overall treatment for a child abuse and neglect case is done by the community protective services team.
- Family services are coordinated by the case manager, who is usually a social services worker.
- The educator who works with a maltreated child needs to develop support services in the school setting that complement the family treatment plan.
- This information exchange is facilitated when the educator is present at the case planning and management meetings at the community level.
- The primary responsibility of the educator is to meet the child's special needs in school.
- School programs for children are a combination of services designed to match the needs of an individual.
- Distribute WORKSHEET 1 and describe one way of organizing planning procedures. This can be supplemented with local procedures.
- Procedures are necessary to begin a planning effort and are part of the organizational process.
- However, a program development process is a useful tool for action planning.
- Display TRANSPARENCY 1 and describe a goal setting process that can be used by school or community teams.
- Program development for maltreated children is problem focused.
- The educator's responsibility is to match appropriate services with a child's learning strengths and weaknesses.
- In the school, this is done by first assessing the learner and the learning environment. (See Session 8 Resource Materials for additional information.)
- Planning occurs when services are adapted or developed to meet a child's unique needs.

ACTIVITY 3A

Problem Solving Exercise, Part A

Time	Purpose	Setting	Materials
40 min.	Describe a problem solving method. Practice brainstorming as an exercise in group creativity.	Total group Teams	Worksheet 2 Transparencies 1-11 Overhead projector Newsprint Felt tip markers

NOTE Before the session, write the brainstorming rules on a newsprint chart. They can be copied from the WORKSHEET 2 (Session 8 envelope, page 16, number 5). Keep the chart out of sight until it is needed.

Briefly present the problem solving process by saying, "The inclination is to jump from problem to solution. This problem focused process generates creative thinking and behavior during planning. The problem solving process can be viewed as an adventure." (The traveler analogy is described in the Resource Materials for this session.)

■ **Introduce problem solving as part of action planning.**

Display TRANSPARENCIES 1-10 to explain the action planning process. Identify Noah as a creative person with a basic problem—survival. Read the purpose for each step from WORKSHEET 2.

■ **Present problem solving steps with case study.**

Present the problem solving case study (TRANSPARENCY 11). Apply each step in the process. (1) Who owns this problem? (2) What are the known facts? (3) How could they be diagramed? (4) Could someone make a definition statement of the problem? (5) One of the most useful ways to search for solutions is the brainstorming technique. Present the brainstorming rules.

■ **Present case study and brainstorming rules.**

Allow 5 minutes to come up with as many ideas as possible for the teacher to use with the child in the case study. Have team recorder list ideas on newsprint.

■ **Teams practice brainstorming using rules.**

Have team recorders share with the entire group a few examples of the ideas generated. Post the lists where they can be seen by the total group.

■ **Team recorders share ideas with total group.**

ACTIVITY 3B

Problem Solving Exercise, Part B

Time	Purpose	Setting	Materials
50 min.	Apply the problem solving process to a specific CA/N back home situation.	Total group Teams	Worksheets 2, 3 Newsprint Felt tip markers

Distribute WORKSHEET 2 and explain that it is helpful to use problem solving steps as a literal guide. Since the purpose of this session is to learn a problem solving process, it is necessary to follow the steps in sequence. It may even be necessary to move back if a step has not been completed. Distribute the Observer Guide (WORKSHEET 3) to an observer for each team.

■ **Describe problem solving steps.**

Ask one team member to share a problem that represents the teacher's concern in the school setting for a child who has difficulties resulting from maltreatment. The team is to work on the problem with the teacher using problem solving steps. Instruct the observer to intervene in the process if a step has been omitted to get the group back on the track. Provide newsprint and felt tip markers for the diagrams in step 3.

■ **Teams work on a CA/N case that presented classroom problems, following problem solving steps.**

After approximately 40 minutes, the observer in each group reads the questions from the Observer Guide and shares the information gathered as objectively as possible. Participants should check observer perceptions with the team for further clarification if they disagree with the feedback. This should take about 10 minutes.

■ **Teams analyze process using Observer Guide.**

ACTIVITY 4
Identifying Resources Exercise

Time	Purpose	Setting	Materials
20 min.	Review action planning process.	Total group	Transparencies 1-10
	Use a tool for assessing helps and blocks to to action.	Teams	Overhead projector Worksheet 4
		Total group	Newsprint Felt tip markers

Introduce the methods for problem solving steps 6, 7, and 8 using TRANSPARENCIES 1-10. Action is selected according to four criteria. Is the action *realistic, specific, measurable,* and *time phased?* Write these criteria and questions on newsprint:

■ **Present last three steps of action planning to total group.**

REALISTIC—Does the action have a reasonable possibility of success?
SPECIFIC—Is the action defined in behavioral terms?
MEASURABLE—Can progress be monitored in an objective way?
TIME PHASED—Is there a designated time for each phase of the action?

Present purpose and methods for steps 7 and 8 from Session 8 Resource Materials.

Distribute WORKSHEET 4. Introduce the task by giving the following instructions: "First list all the resources you believe may help achieve the selected action. Second, list all the blocks that may prevent action." This is done in teams with one member making a list that others can copy.

■ **Task: Teams develop resources for action selected in problem solving sequence.**

A member of each team describes the problem the team worked on by showing the diagram developed in step 3. If step 6 is completed, the idea selected as a first course of action is shared with the total group.

■ **Teams report problems and resources to total group.**

ACTIVITY 5
Generalization

Time	Purpose	Setting	Materials
15 min.	Summarize experiential learning. Relate process to back home situations.	Total group	Newsprint Felt tip markers

Generalize learning by asking these types of questions: "What did you learn from using this method?" "Did all the steps have clarity for you in terms of purpose and method?" "Was there a point at which you had to move back?" "If so, why?" "What team behaviors were helpful in accomplishing the task?" Record reactions on newsprint under such headings as: LEARNING, CLARITY OF TASK, POINT OF LOOKING BACK, HELPFUL BEHAVIORS.

- **Record reactions to problem solving method.**

Ask for specific ways this method can be applied to other situations. Include the following examples if they are not mentioned: individual and family counseling, interagency planning, consulting with a teacher, and committee meetings.

- **Elicit applications to school and individualized programing.**

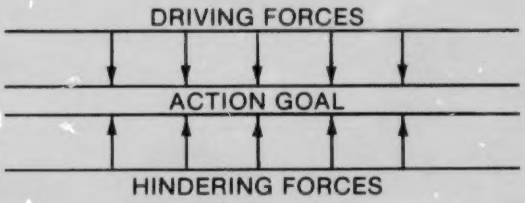
ACTIVITY 6
Mini-Lecture

Time	Purpose	Setting	Materials
10 min.	Link action taking to action planning and identified resources. Outline Lewin's force field theory.	Total group	Mini-lecture outline (below)

NOTE: For further examples and explanation of force field theory, see *Diagnosing Professional Climate of Schools*, by Fox, Schmuck, Egmond, Ritvo and Jung, pp. 26-31. (See Resource Materials.)

Mini-Lecture: "Utilizing Resources"

- Action goals must be made specific, time phased, measurable, and realistic.
- After an action that meets these four criteria is selected, the next step is to identify resources.
- Resources can be thought of as any persons or materials needed to accomplish the action.
- Resources are not always available because they are limited or uncooperative.
- Kurt Lewin's force field theory presents a technique that can be applied.



- Theory: "Every action has an equal and opposite reaction." The process of influencing people to change has been extensively researched. Studies show that the dynamic set of forces in any situation tries to stabilize itself. It is possible, therefore, to cause change by increasing the strength of forces that are pressing for change. However, Lewin found that when strengths or helps are increased, it is also possible that the blocks to action also increase resistance. Therefore, it is easier to effect change by decreasing the strength of one of the blocks to action, thus allowing the resources for change to move in a positive direction.
- Technique: Analyze a significant hindering force, develop alternatives, and agree on an approach to influence that resource for change.
- Teams may need to deal with bocks before action taking is possible.

SESSION 9

COMMUNITY TEAM

OBJECTIVES

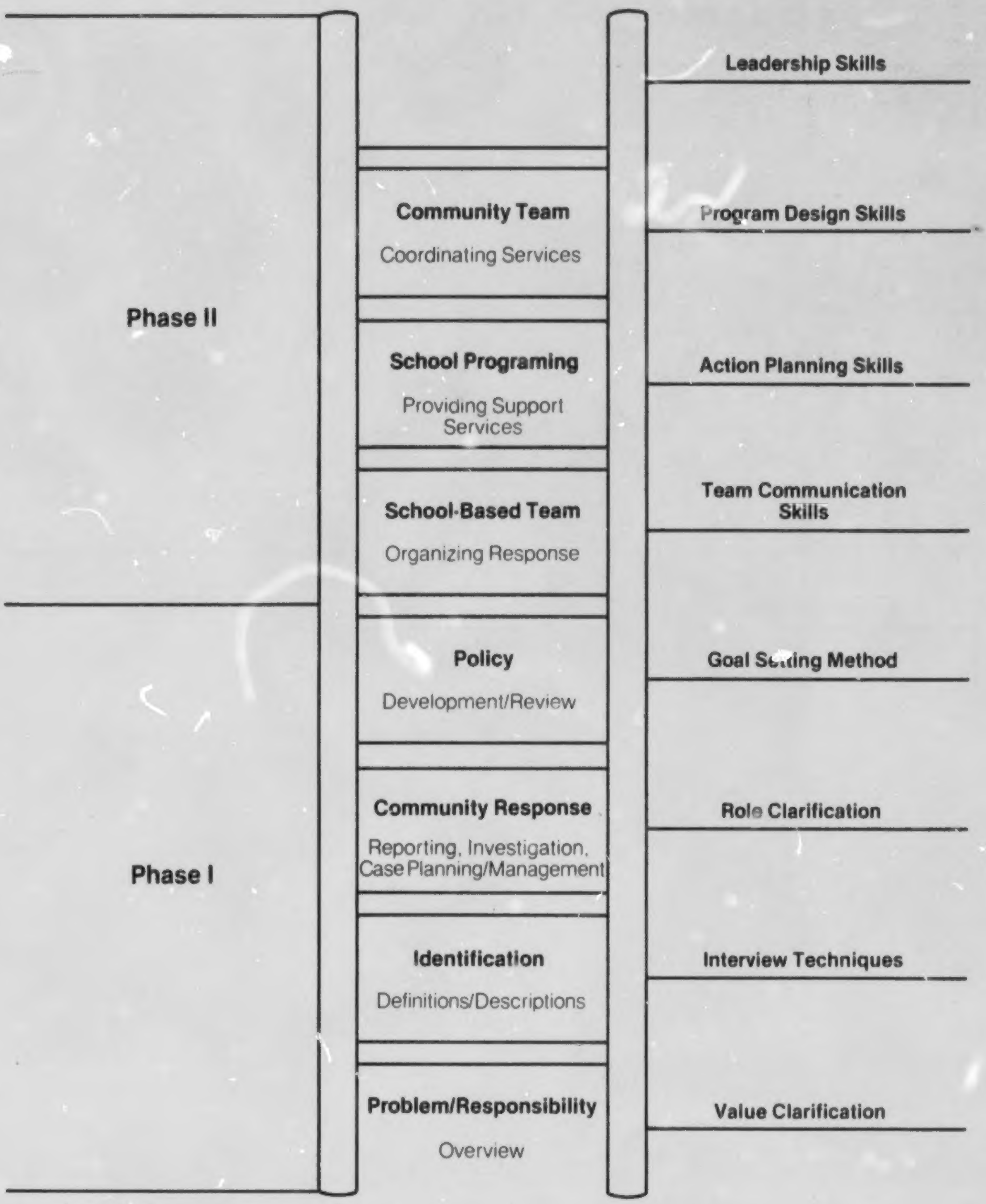
- Present the dimensions of total community involvement when dealing with child abuse and neglect.
- Identify types of representation that can exist on a community team.
- Design a community child abuse and neglect program as a member of a multidisciplinary team.
- Clarify the role of the educator as it relates to participation on a community child protection team.
- Analyze the effects of intergroup and intragroup communication on task performance.
- Apply team building and maintenance skills during an action planning simulation.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 9: COMMUNITY TEAM—3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 20 min.	Provide direction. Review Phase II.	In total group trainer: ● Outlines general program goals. ● Shares learning objectives.	Ladder Transparency Overhead projector Session 9 Objectives
2 Program design simulation 80 min.	Help participants understand dimensions of total community involvement when dealing with child abuse and neglect. Present types of representation that can exist on a community team. Develop a community child abuse and neglect program by following a sequential method.	In total group trainer: ● Presents simulation case study. ● Reviews program development process. **Teams:** ● Select representative roles for multidisciplinary teams. ● Task: Design a child abuse and neglect program.	Community team worksheet (Worksheet 1) Program design worksheets (Worksheets 2, 3) Role profile worksheets (Worksheets 4-8) Resource Materials
Break 15 min.		Each team determines time.	Coffee/tea
3 Program design evaluation 25 min.	Apply criteria to evaluate action plans. Analyze effects of intergroup and intragroup communication on task performance.	**Teams:** ● Analyze task results. ● List behaviors and events that helped and hindered group progress.	Simulation Review (Worksheet 9) Newsprint Felt tip markers
4 Generalization 40 min.	Share team programs and progress. Help participants understand the role of the educator on multidisciplinary team. Summarize experiential learning.	**In total group:** ● Teams share planning designs. ● Teams share progress charts. ● Group discusses the implications of the educator's involvement at each level of participation. ● Group lists skills learned as individuals and as a group.	Newsprint Felt tip markers

Child Abuse and Neglect
Training Program Overview


Phase II
Phase I
Community Team
Coordinating Services
School Programing
Providing Support Services
School-Based Team
Organizing Response
Policy
Development/Review
Community Response
Reporting, Investigation, Case Planning/Management
Identification
Definitions/Descriptions
Problem/Responsibility
Overview
Leadership Skills
Program Design Skills
Action Planning Skills
Team Communication Skills
Goal Setting Method
Role Clarification
Interview Techniques
Value Clarification

ACTIVITY 1

Climate Set

Time	Purpose	Setting	Materials
20 min.	Provide direction. Review Phase II.	Total group	Ladder Transparency Overhead projector Session 9 Objectives

NOTE: At this time, you may want to suggest that as an additional project the group compile a list of community resources. You might post chart paper on which participants can write names of persons who offer assistance to maltreated children and families through an existing community program. Or a participant may volunteer to develop a handout for the group by compiling the information in a directory format.

Display the LADDER TRANSPARENCY and locate this session with respect to the overall program. Briefly review the communication skill building process:

- **Outline general program goals and share learning objectives.**

Session 1. Personal reflection.

Session 2. Child-adult interpersonal dynamics.

Session 3. Educator-parent interpersonal dynamics.

Session 4. Adult-adult interpersonal dynamics between professionals.

Session 5. Intragroup dynamics.

Sessions 6, 7, 8. School based team dynamics.

Session 9. Interagency dynamics.

Session 10. Personal reflection and intragroup dynamics.

Since child development presents the educator with a complex communication problem, it is useful to move from one level to another as more dynamics are added to a situation. Competence at any of these communication levels is a result of knowledge, awareness, and skill practice. Read SESSION 9 OBJECTIVES.

ACTIVITY 2
Program Design Simulation

Time	Purpose	Setting	Materials
80 min.	Help participants understand dimensions of total community involvement when dealing with CA/N. Present types of representation that can exist on a community team. Develop a community CA/N program by following a sequential method.	Total group Teams	Worksheets 1-8 Resource materials

NOTE: It is important to maintain low visibility during the simulation. With some groups it might be helpful to leave the room. This creates a sense of total team responsibility. If the trainer is called in as a consultant, it should be for only a short period of time. A nondirective consultant stance should be used by asking questions and clarifying the task. A mediator role is not appropriate since the team is expected to manage itself.

■ Present simulation case study.

Introduce this activity by stating: "This simulation is designed to assist participants in isolating issues inherent in achieving a multidisciplinary, interagency approach to handling cases of child abuse and neglect. It also offers an opportunity to practice the team communication and planning skills in a situation similar to real life." Distribute the Community Team Simulation (WORKSHEET 1). Allow time for everyone to read the background reflectively, or, depending on group preference, have it read aloud.

■ Review program development process.

Distribute WORKSHEETS 2 and 3. Read the instructions aloud and clarify the team task. The program development process is a planning guide.

■ Teams select representative roles for multidisciplinary teams.

Five basic roles for the multidisciplinary team are designated. Distribute one set of WORKSHEETS 4-8 to each training session team. If there are more than five people on a team, additional roles can be assigned. They could be the role of Head Start Director, Community Mental Health Administrator, or Judge. Role choices could parallel the local community team, or participants may assume their own role. After the selection is complete, each person should make a role title card to pin on or use as a placecard on the table.

■ Task: Teams design a child abuse and neglect program.

Instruct the teams to spend the next hour developing a community child abuse and neglect program that will respond to the Mayor's request for coordinated action. At the end of the time, teams will examine the task and group process. Plans will be shared with the total group. Allowing time for a break is a team responsibility. Trainers will be available only if a team chooses to call in a consultant. However, teams are expected to use the communication skills that have been introduced in the previous sessions.

ACTIVITY 3
Program Design Evaluation

Time	Purpose	Setting	Materials
25 min.	Apply criteria to evaluate action plans. Analyze effects of intergroup and intragroup communication on task performance.	Teams	Worksheet 9 Newsprint Felt tip markers

- **Teams analyze task results.**

After approximately one hour, distribute WORKSHEET 9 to each participant. After individual reflection, team members share simulation review reactions within the team.

- **Teams list behaviors and events that helped and hindered group progress.**

One team member may take notes during the discussion. Helpful and hindering behaviors may be itemized on newsprint. (This is optional and can be used if it seems it would help clarify the group process.)

ACTIVITY 4
Generalization

Time	Purpose	Setting	Materials
40 min.	Share team programs and progress. Help participants understand the role of the educator on multidisciplinary team. Summarize experiential learning.	Total group	Newsprint Felt tip markers

▪ Teams share planning designs with total group.

Have representative from each team explain to the total group the program design that was developed during the community team meeting. This should be done even if the task was not finished.

▪ Teams share group progress charts.

Facilitate an analysis of group process by asking these types of questions: "Did the team complete the task?" "If not, why not?" "What were the basic problem areas?" "What resistances were expressed toward the multidisciplinary, multiagency team?" "By whom?" "How were they handled in the simulation?" "Which agencies were interested in developing the team?" "Why?" "Were any decision making methods applied?" "How was conflict managed?" "Was it necessary to clarify roles?"

▪ Discuss the implications of the educator's involvement at three levels of participation.

Present educator participation on the community team in three capacities: permanent member, consultant/advisor, and case related personnel. Elicit qualifications necessary for being a permanent member, as well as types of school personnel who would attend meetings in consultant or case related roles.

▪ Group lists skills learned as an individual and a group.

Summarize personal and group learning by asking these types of questions: "What did you learn from working together this session?" "What personal skills did you use during the meeting?" "What leadership functions did you perform for the group?" "How were you able to clarify your role?" "What learning can you apply to other situations?"

SESSION 10

COMMUNITY OUTREACH

OBJECTIVES

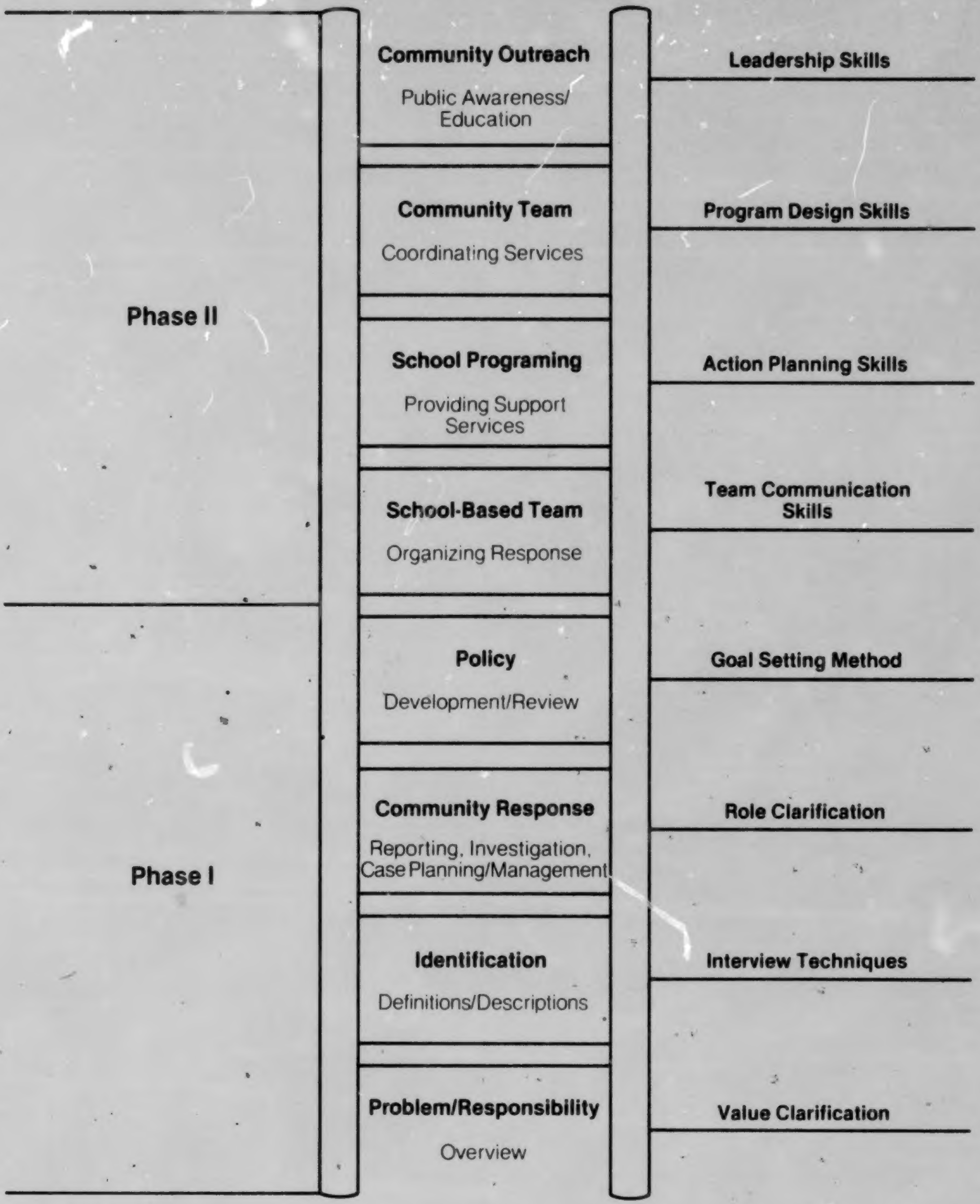
- Outline the dimensions of a community outreach effort from school perspective.
- Present the organizational elements involved in initiating and sustaining an outreach program.
- Identify school resources for primary prevention of child abuse and neglect.
- Provide an opportunity to assess personal leadership styles and verify self perceptions with group feedback.
- Present the child advocacy stance as an option for educators.
- Identify alternative citizen affiliations that make child abuse and neglect action possible.
- Critique Phase II and the overall training program.

NOTE: These statements should be written on a newsprint chart and kept posted throughout the session.

SESSION 10: COMMUNITY OUTREACH–3 HOURS

ACTIVITY	PURPOSES	DESCRIPTION	MATERIALS
1 Climate set 10 min.	Provide review and direction.	In **total group** trainer: ● Presents training program goals. ● Outlines learning objectives for session.	Ladder Transparency Overhead projector Session 10 Objectives
2 Mini-lecture: "Community child abuse neglect outreach efforts" 20 min.	Present rationale for developing an outreach effort. Give examples of primary prevention efforts in schools. Explore organizational elements involved to initiate and sustain an outreach program.	In **total group** trainer discusses: ● Education/awareness. ● Treatment and prevention alternatives. ● Dimensions of educator involvement.	Mini-lecture outline Transparencies 1, 2, 3 Overhead projector
3 Leadership styles exercise 60 min.	Assess personal leadership style. Verify self perceptions with group feedback.	**Each participant:** ● Task: Locates self on a leadership grid in two dominant roles. ● Uses a second grid to select two dominant roles for each team member. Team members share self perceptions with **team**; team discusses perceptions.	Worksheets 1, 2
Break 15 min.			Coffee/tea
4 Mini-lecture: "Leadership styles and the advocate role" 20 min.	Discuss the child advocacy stance as an option for educators. Identify appropriate ways that school personnel can influence the community. Discuss alternative citizen affiliations that make child abuse and neglect action possible.	In **total group** trainer discusses: ● Promoting change in the context of a school system. ● Child abuse and neglect action alternatives.	Mini-lecture outline Transparency 4 Overhead projector
Training program evaluation Remaining time	Critique program design. Summarize individual and group learnings. Identify additional training needs. Assess trainer effectiveness.	Trainer presents purposes for evaluation to **total group** and reviews expectation charts from Session 1. **Each participant** assesses Phase II and critiques overall program.	Expectation charts (from Session 1) Evaluation Forms 1, 2, 3, 4

Child Abuse and Neglect
Training Program Overview



Phase II	**Community Outreach** Public Awareness/ Education	**Leadership Skills**
	Community Team Coordinating Services	**Program Design Skills**
	School Programing Providing Support Services	**Action Planning Skills**
	School-Based Team Organizing Response	**Team Communication Skills**
Phase I	**Policy** Development/Review	**Goal Setting Method**
	Community Response Reporting, Investigation, Case Planning/Management	**Role Clarification**
	Identification Definitions/Descriptions	**Interview Techniques**
	Problem/Responsibility Overview	**Value Clarification**

ACTIVITY 1

Climate Set

Time	Purpose	Setting	Materials
10 min.	Provide review and direction.	Total group	Ladder Transparency Overhead projector Session 10 Objectives

- **Present training program goals.**

Display the LADDER TRANSPARENCY and review the training program goals. Since this is the last session, emphasize the skills that have been learned and practiced using a developmental method. It might be interesting to add that this approach is used by business corporations that have developed comprehensive training programs for their employees. Every level of responsibility in a corporation requires performance training and evaluation. If this educational process is deemed necessary to improve sales, it seems more imperative for people who are dealing with basic human problems ranging from quality of life to survival.

- **Share the learning objectives for Session 10.**

Read aloud the learning objectives. The following quote can be used to introduce the advocate who attempts to deal with public attitudes regarding recognition of child maltreatment as a communal problem:

"It must be considered that there is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. For the reformer has enemies in all those who profit by the old order, and only lukewarm defenders in all those who would profit by the new order, this lukewarmness arising partly from fear of their adversaries who have the laws in their favor and partly from the incredulity of mankind who do not truly believe in anything new until they have had actual experience of it."
(Machiavelli, *The Prince*)

ACTIVITY 2

Mini-Lecture

Time	Purpose	Setting	Materials
20 min.	Present rationale for developing an outreach effort. Give examples of primary prevention efforts in schools. Explore organizational elements involved to initiate and sustain an outreach program.	Total group	Mini-lecture outline (below) Transparencies 1, 2, 3 Overhead projector

Mini-Lecture: "Community Child Abuse and Neglect Outreach Efforts"

NOTE: The following key points can be illustrated with examples from local programs:

- Service to maltreated children and their families can be more effective with community support.
- There appears to be a "social taboo" surrounding child abuse and neglect and recognition of domestic violence.
- Outreach efforts enable a community team to initiate public education programs and ensure ongoing family assistance.
- A paid staff person utilizing volunteers is a realistic approach to organizing a community awareness campaign or following up on families in need of support.
- An outreach program can provide a link between the community and available services. Such a program would represent both primary and secondary prevention resources.
- Primary prevention is an attempt to stop maltreatment before it occurs. (Display TRANSPARENCY 1 for examples.)
- Secondary prevention is stopping maltreatment after it occurs. (Display TRANSPARENCY 2 for examples.)
- Educators have rich resources to contribute in both areas. (Refer to Session 8 Resource Materials, School System Services Chart.)
- The impact of an outreach program depends on how it relates to the entire community response system. (Display TRANSPARENCY 3 for examples.)
- School systems can collaborate with the community to share professional expertise and support services.
- How an educator becomes involved will depend on the level of commitment and leadership skills. It is well to be aware of our own leadership styles when we choose a way in which to get involved.

ACTIVITY 3
Leadership Styles Exercise

Time	Purpose	Setting	Materials
60 min.	Assess personal leadership style. Verify perceptions with group feedback.	Individual Teams	Worksheets 1, 2

Distribute WORKSHEET 1 and read directions aloud. Ask participants to rate themselves on every leadership function.

Distribute WORKSHEET 2 and read directions aloud. The names of other team members are written in the box at the top of the columns. Only two functions are selected for each person.

Participants gather in teams and request feedback from the team by asking: "What two leadership functions did I perform for the group most of the time?" "In what style did you perceive me acting most frequently—as a task leader or maintenance leader?" Allow enough time to afford every person the chance to interact in a meaningful way. People may want to discuss leadership choices they are considering as a result of the training program.

- **Task: Each participant locates self on a leadership grid in two dominant [illegible]**
- **Ea[illegible]ipant uses a second grid [illegible]ct two dominant roles for team members.**
- **Each participant shares self perception with team; teams discuss perceptions.**

ACTIVITY 4
Mini-Lecture

Time	Purpose	Setting	Materials
20 min.	Discuss the child advocacy stance as an option for educators. Identify appropriate ways that school personnel can influence the community. Discuss alternative citizen affiliations that make CA/N action possible.	Total group	Mini-lecture outline (below) Transparency 4 Overhead projector

Mini-Lecture: "Leadership Styles and the Advocate Role"

NOTE: The following key points present basic theory about the change process in social interaction. Additional resources (Session 10 Resource Materials) list supplementary readings

- Child abuse and neglect is a complex and sensitive issue that must be dealt with on several levels, both for the individual and the school system.

- It may mean that the educator must take an advocacy position and interact with a family and community agencies to bring about change.

- To do this, an educator needs to understand the internal operations of the family and school systems in order to apply appropriate intervention techniques. Action-producing strategies are referred to as change agent skills.

- Advocacy training involves learning about how change occurs and what types of change agent skills are most effective. Some participants may be interested in pursuing additional training in this area.

- A few introductory ideas about a leader in a change agent role are useful to apply within a school system when you are seeking better services for children. Display TRANSPARENCY 4.

- When acting as an advocate, a person can choose to be a high profile or low profile change agent. Experience and study indicate the following consequences for taking these role positions:

  High Profile change agents have high visibility and initiate immediate action with the positive outcome that action is moved forward quickly. However, there is considerable risk for a person who openly tries to coerce a system to change. One can choose to do this from a legitimized position, as a lawyer would via court action. However, a leader such as Martin Luther King may choose to oppose a system by gathering minority support. This high profile stance incurs more risk because it is not acceptable to the system.

  Low Profile change agents have low visibility and initiate action in subtle ways. Example: Member of a task force. The outcome is that movement toward change occurs more slowly or may not occur at all without high profile action. The person in this position functions effectively within a system with a low risk factor. More permanent change usually occurs with this stance even though it requires a longer period of time.

- Many advocates choose to work together. High profile change agents need the support of low profile people, with the opposite also being true.

- Child abuse presents a problem that may require a high profile response. A stance should be selected that is appropriate to the situation and with techniques that are productive.

- Advocacy is more fruitful when it is done with clear goals, the aid of a support group, and an awareness of personal leadership abilities.

TRAINING PROGRAM EVALUATION

Time	Purpose	Setting	Materials
Remaining time	Critique design. Summarize individual and group learnings. Identify additional training needs for yourself and others. Assess trainer effectiveness.	Total group Individual	Expectation charts from Session 1 Evaluation Forms 1, 2, 3, 4

Use the following objectives to guide an informal evaluation by the total group. Questions can be asked to gain information related to each purpose.

■ Present purposes for evaluation.

- Critique the overall training design in terms of content and intent.
- Summarize individual and group learning.
- Project further application for training.
- Assess the trainer's leadership style.

Distribute typed copies of the charts listing hopes and expectations participants expressed during the first session. Discuss the content of the training program in relationship to expressed needs. Identify areas for further training.

■ Review hopes/expectations from Session 1.

Distribute forms for Knowledge, Awareness, and Skill Review (EVALUATION FORMS 1, 2, 3) along with the overall Training Program Critique (EVALUATION FORM 4).

■ Each participant assesses learning in Phase II and critiques overall program.

WE CAN HELP

Session 1

Contents

- 8 Transparencies (pages 1-8)
- 5 Worksheets (pages 9-14)
- Resource Materials (pages 15-32)

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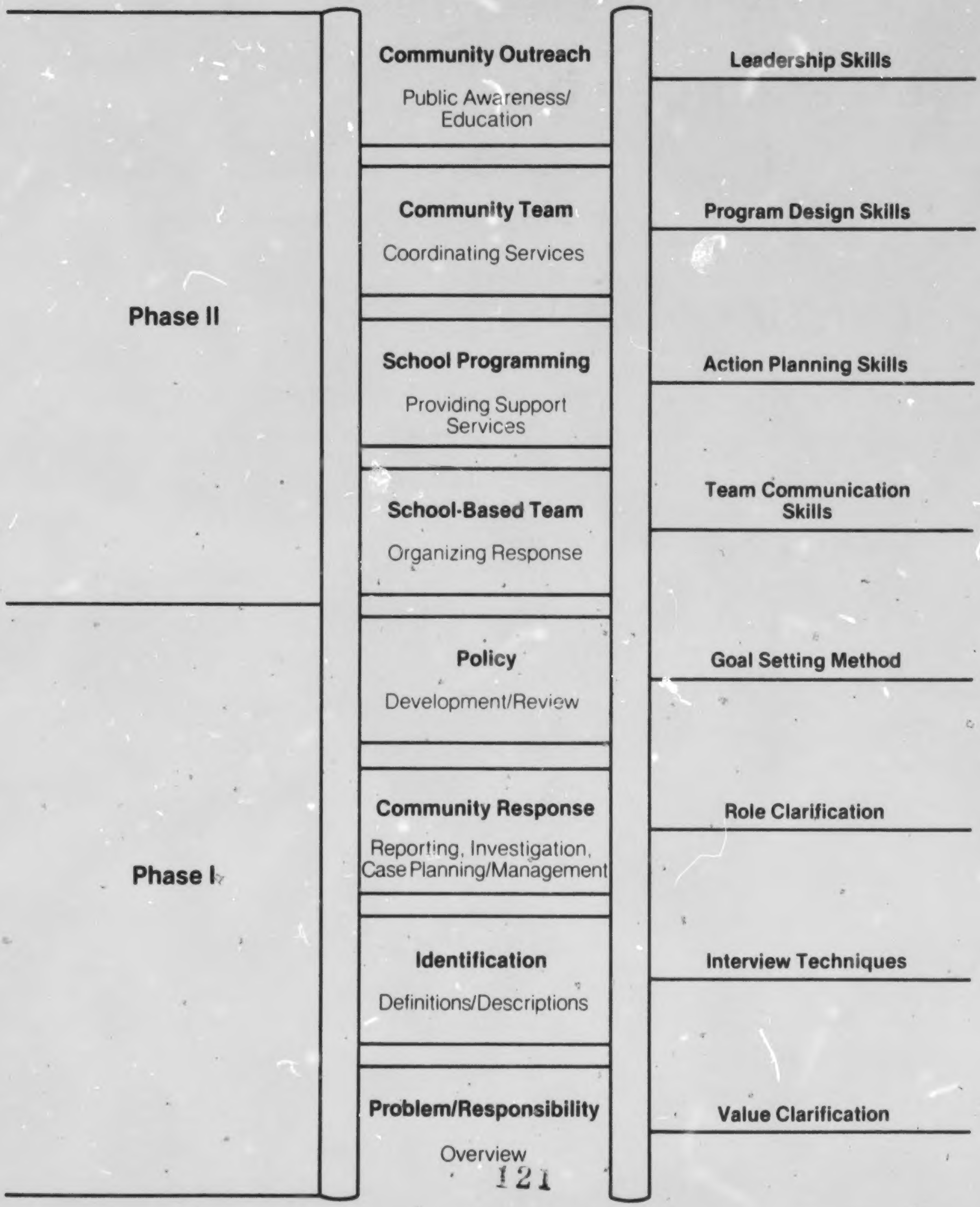
THE COUNCIL FOR EXCEPTIONAL CHILDREN

CEC

Child Abuse and Neglect
Training Program Overview



Phase	Training Component	Skills
Phase II	**Community Outreach** Public Awareness/ Education	**Leadership Skills**
	Community Team Coordinating Services	**Program Design Skills**
	School Programming Providing Support Services	**Action Planning Skills**
	School-Based Team Organizing Response	**Team Communication Skills**
Phase I	**Policy** Development/Review	**Goal Setting Method**
	Community Response Reporting, Investigation, Case Planning/Management	**Role Clarification**
	Identification Definitions/Descriptions	**Interview Techniques**
	Problem/Responsibility Overview	**Value Clarification**

TRAINING METHODOLOGY

EXPERIENCE - DO

ANYTHING THAT HAPPENS IN THE GROUP WHICH IS A POSSIBLE SOURCE OF LEARNING.

IDENTIFY - LOOK

ISOLATING AND FOCUSING GROUP ATTENTION ON SPECIFIC BEHAVIOR THAT PARTICIPANTS WOULD LIKE TO UNDERSTAND.

ANALYZE - THINK

MOVING BEHIND THE FACTS TO DEEPEN UNDERSTANDING BY CLARIFYING, COMPARING, AND DISCUSSING. WHAT DOES THIS MEAN? WHAT WAS HELPFUL OR HINDERING? HOW WERE YOU AFFECTED?

GENERALIZE - PLAN

APPLYING LEARNING TO NEW SITUATIONS. WHAT DOES THIS MEAN FOR THE FUTURE? HOW DOES THIS AFFECT YOUR BEHAVIOR IN OTHER SETTINGS?

QUESTIONNAIRE DISCUSSION GUIDE

1. TRUE

UNREPORTED CASES ARE NOT REFLECTED IN THIS ESTIMATE.

2. TRUE

ALL 50 STATES HAVE SOME STATUTORY PROVISION FOR MANDATORY REPORTING OF NONACCIDENTAL INJURY OR NEGLECT OF CHILDREN.

3. FALSE

IN SOME STATES CHILD ABUSE IS ALSO DEFINED AS INCLUDING SEXUAL AND EMOTIONAL ABUSE.

4. THE INDIVIDUAL IS:

- UNDER THE CHARGE OF A CARETAKER
- UNDER 18 YEARS OF AGE
- HAS BEEN NONACCIDENTALLY INJURED.

5. FALSE

CURRENTLY, 43 STATES SPECIFY EDUCATIONAL PERSONNEL.

6. FALSE

RECENT STUDIES INDICATE ABOUT HALF OF ABUSED CHILDREN ARE SCHOOL AGE AND HALF ARE UNDER FIVE. THE NUMBER OF ADOLESCENTS IS GROWING.

7. TRUE

NO PERSON SHALL INCUR ANY CIVIL OR CRIMINAL LIABILITY FOR REPORTING. RISKS ARE INHERENT BUT ARE LESSENED BY SUPPORTIVE POLICY AND TEAMWORK.

8. TRUE

EDUCATORS DO NOT HAVE THE RESPONSIBILITY TO INVESTIGATE.

9. FALSE

ORIGINAL STATE LAWS EMPHASIZED PUNISHMENT. THERE IS A RECENT TREND TOWARD A REHABILITATIVE APPROACH.

10. FALSE

LESS THAN 10% OF ABUSERS ARE PSYCHOTIC OR SERIOUSLY DISTURBED.

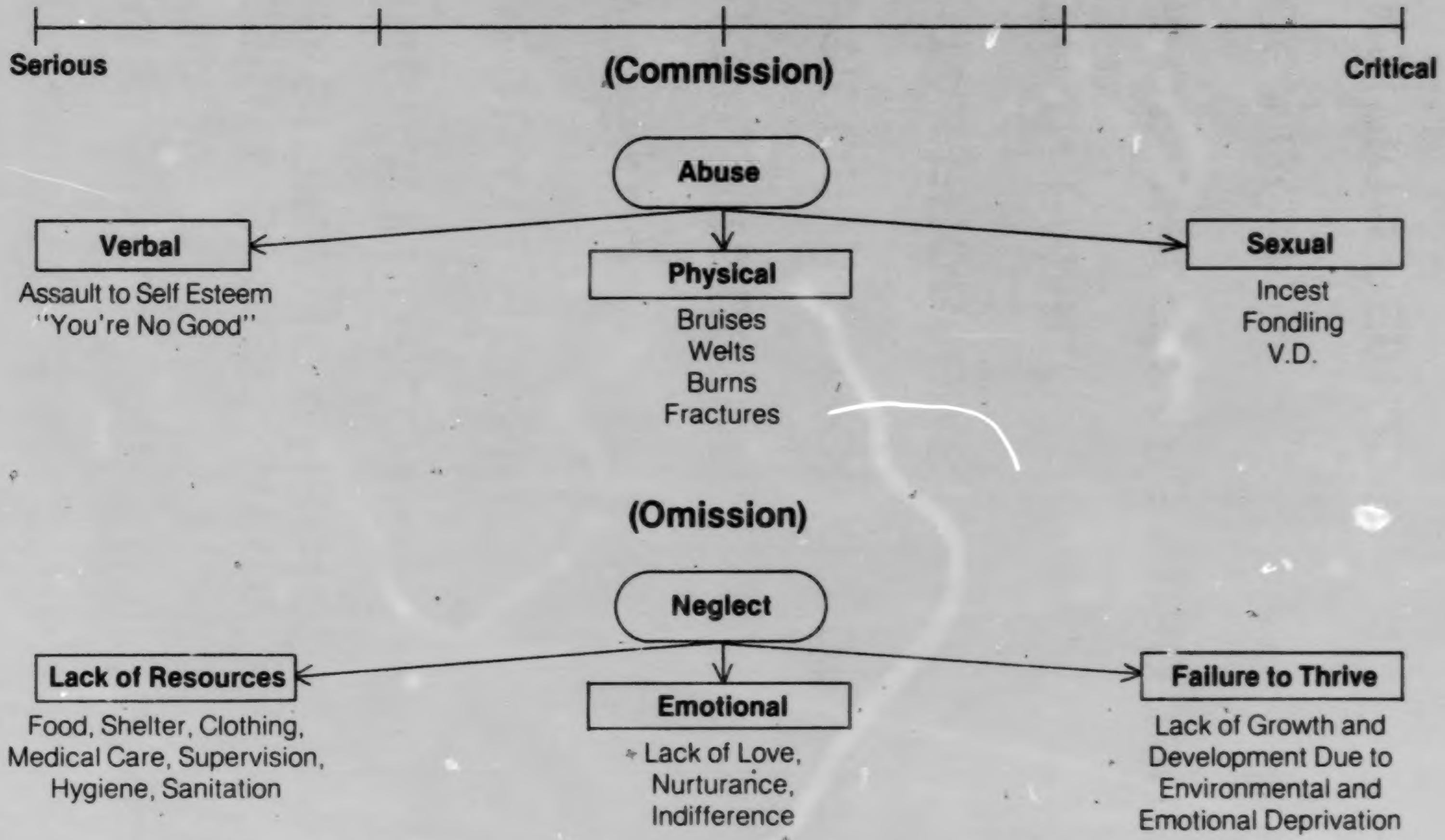
11. FALSE

NEITHER SEX REPRESENTS A MAJORITY. YOUNG MOTHERS TEND TO BE MORE VULNERABLE.

12. FALSE

EDUCATORS ARE ONLY BEGINNING TO BECOME INVOLVED ON COMMUNITY CHILD PROTECTION TEAMS.

Child Maltreatment Continuum



Serious

(Commission)

Critical

Abuse

Verbal

Assault to Self Esteem
"You're No Good"

Physical

Bruises
Welts
Burns
Fractures

Sexual

Incest
Fondling
V.D.

(Omission)

Neglect

Lack of Resources

Food, Shelter, Clothing,
Medical Care, Supervision,
Hygiene, Sanitation

Emotional

Lack of Love,
Nurturance,
Indifference

Failure to Thrive

Lack of Growth and
Development Due to
Environmental and
Emotional Deprivation

DYNAMICS OF CHILD ABUSE

CARETAKER + CHILD + SITUATION = ABUSE

POSSIBLE STRESS SITUATIONS (ACUTE AND CHRONIC)

- FINANCIAL PROBLEMS
- INADEQUATE HOUSING
- LOSS OF JOB
- MEDICAL PROBLEMS
- MISUSE OF ALCOHOL OR DRUGS
- MARITAL PROBLEMS
- DEATH IN FAMILY
- LACK OF CHILD CARE RESOURCES
- RELOCATION
- TRANSITION PERIODS

POSSIBLE CHARACTERISTICS OF ABUSIVE CARETAKERS

- EQUALLY REPRESENTED AMONG ALL SOCIO-ECONOMIC, RACE, RELIGIOUS, AND ETHNIC GROUPS
- MALTREATED AS CHILDREN
- SOCIALLY ISOLATED
- POOR EMOTIONAL ADJUSTMENT
  - LESS THAN 10% PSYCHOTIC
  - LOW SELF ESTEEM - IMPULSIVE
  - UNABLE TO TRUST - NEEDS NURTURANCE
- LACK OF ABILITY TO CARE FOR OR PROTECT CHILD
  - UNREALISTIC EXPECTATIONS
  - LOOKS TO CHILD TO FULFILL EMOTIONAL NEEDS
  - UNABLE TO NURTURE CHILD
- SPOUSE PASSIVE AND UNABLE TO GIVE EMOTIONALLY

RESPONDING TO CHILD MALTREATMENT

THE QUALITY OF
CARING
AS EXHIBITED BY
AN EDUCATOR MEANS:

MUTUAL RESPECT

LISTENING INTEREST

CONTINUAL OUTREACH

UNDERLYING SENSE OF LOVE

CONTROL OF REACTIONS

BALANCE IS THE KEY

QUESTIONNAIRE

What are your ideas about child abuse and neglect? Consider the following questions as a basis for discussion.

T F 1. It is estimated that about 1 million instances of child abuse and neglect occur in the United States each year.

T F 2. My home state has a statutory provision for mandatory reporting of nonaccidental injury to or neglect of children.

T F 3. In every state child abuse is defined as only deliberate physical injury to a child.

4. Three common elements of state laws to identify the abused child are:

_____ The individual is under the charge of a caretaker.
_____ The individual is under 18 years of age.
_____ The individual has a history of injuries.
_____ The individual has been nonaccidentally injured.
_____ The individual is not capable of getting help.

T F 5. Currently, all states require educators to report suspected abuse or neglect.

T F 6. Most maltreated children are under 3 years of age.

T F 7. There are both risks and protections for educators who report suspected cases of child abuse or neglect.

T F 8. The burden of proof does not rest with the reporter but with the social services agency responsible for investigation.

T F 9. Current state laws reflect a trend toward a punitive approach to dealing with families involved in child maltreatment.

T F 10. Most abusers are emotionally disturbed or mentally ill.

T F 11. Female caretakers are more frequent abusers than males in the same role.

T F 12. Educators usually are represented on community child protection teams with referral and case management responsibilities.

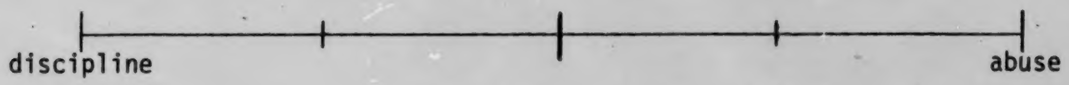
VIGNETTE ONE

Tony, a seventh grader, has been attending class only 2 or 3 days a week since school opened. He also has been cutting classes at the end of the day. One afternoon, the principal stopped him as he was leaving the school building through a side door. As the principal questioned Tony, he observed that the boy was wearing a dirty T-shirt with torn jeans. His hair looked as if sections had been gouged out, leaving some parts almost bare. The principal noted this because he knew Tony's father owned a barbershop in the neighborhood. During their talk Tony was sullen and would not explain his absences.

Later, the principal learned from Tony's homeroom teacher, that the boy had serious reading problems and had been referred for testing. The teacher also related that a few years ago the father had been acquitted of a manslaughter charge on self defense. At that time, Tony's mother abandoned him and was now living with another man elsewhere in the state.

When the principal called Tony's father, he responded by saying he would take care of the problem and that the school did not have to get involved. As the principal was driving home, he passed by the back of the barbershop and saw the father beating Tony with a belt. The boy was not in school the next day.

In my judgment the father's behavior represents:



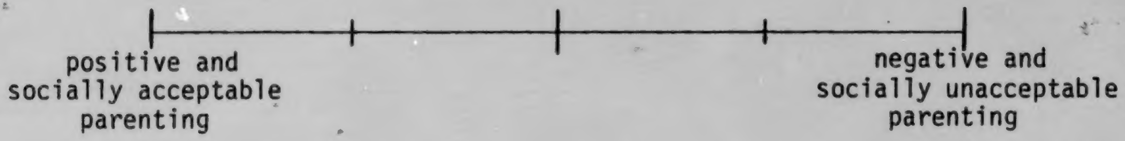
VIGNETTE TWO

Julia is a 4 year old enrolled in a Head Start Program that serves an urban area. Her teacher is concerned because Julia has been crying and complaining that her teeth hurt. Upon examination, the nurse discovers that Julia's gums are bleeding and that her teeth are black and decayed. The school director and nurse decide that since there is no phone in Julia's home, the nurse should take the child home and talk with her mother about immediate attention.

When the nurse and Julia arrive, no one is home except Julia's 3 year old brother, who is watching television. The nurse notes that even though the home is located in a crowded project development, everything is clean and orderly. Julia says that her mother sometimes works as a maid in a motel and a neighbor watches them occasionally. The nurse leaves a note that she will be back the next day.

Julia's mother is home on the return visit and listens impatiently to the nurse's concern. She responds by saying that she has no husband and works as much as she can. Besides, she has to pay the bills for her 10 year old, who just broke his leg. The nurse points out that Head Start will cover dental work. At this point, the mother becomes upset and tells the nurse that her mother never took her to the dentist and that Julia's teeth soon will fall out anyway. The mother adds that she will take care of Julia by applying Acete Mexicano, an oil that her grandmother used on her gums as a child. She concludes by telling the nurse that she loves her children and will do the best she can without the help of the school.

In my judgment the mother's behavior represents:


positive and socially acceptable parenting
negative and socially unacceptable parenting

VIGNETTE THREE

Jonas is a 15 year old who has significant responsibility on a family farm because he is the only son. Because his father suffered an injury last year and has difficulty walking, Jonas is doing more work than ever before. For this reason, he was out of school a half semester during spring planting and fall harvest. As a result, his grades have dropped from above average to failing.

When Jonas is in school he is disruptive in class and argues with the teachers when they try to deal with him. He is also resentful because he was dropped from the baseball team, and baseball is his favorite sport. The coach decides to talk with Jonas about the possibility of rejoining the team. Jonas responds by saying that he couldn't come to spring training because of his chores. He says his father does not care about him; all he thinks about is the farm. The coach wants to talk with the father anyway, but Jonas says it won't do any good.

The coach is received in a comfortable farm house where he explains his concern. The father tells him about his financial problems and his inability to hire dependable farm hands. He argues that he had only an eighth grade education and that was enough to run a farm. At this point, Jonas comes in and the father reprimands him in front of the coach for not completing his chores. He calls him lazy and stupid. The father then dismisses the coach by saying that he is not going to lose his farm just because his son wants to play baseball. Besides, Jonas is learning more on the farm than he ever will in school.

In my judgment this is:

adequate education — educational neglect

adequate emotional support — emotional neglect

VIGNETTE ANALYSIS GUIDE

Instructions: A facilitator in the group asks questions that allow participants to compare viewpoints using the following sequence. It is important to read the continuum information objectively before sharing reasons for taking a position.

1. Group discussion

   Identify where views cluster on each continuum.

   What does the scatter of viewpoints indicate about each issue reflected by individual and group opinion?

   Discuss reasons and considerations for choosing a particular stance in each situation.

2. Group task

   CHILD + CARETAKER + SITUATION = ABUSE OR NEGLECT

   Under each continuum, list all the factors that influenced each situation. Consider the dynamics of child maltreatment from three perspectives.

   Question: What were the stress factors in each case - from the perspective of the child, the caretaker, and the situation?

   The idea is to identify as many dynamics or stress factors as possible. These will be shared with the total group by the designated group recorder. A list of characteristics is presented for additional information.

RESOURCE MATERIALS
SESSION 1

A STATEMENT OF THE PROBLEM

The maltreatment of children is a problem of people living together, interacting in complex ways. It involves not only the tens of thousands of families in which children suffer physical, emotional, and psychological maltreatment each year, but also the countless people who are attempting to understand and manage the problem: members of federal, state, and local governments; those in the health care, legal, and social work systems; taxpayers; and anyone concerned about the welfare of children and families.

In families and societies, as in other systems of human interaction, causes and effects are often obscure. Changes introduced at one point reverberate through the system to produce unexpected results at a hundred other places.

Seen from only one perspective, the picture of child abuse and neglect seems relatively simple. The physician, for example, may perceive it as medical problems to be diagnosed and treated; the policeman, as criminal conduct to be punished. The psychiatrist may view the problem as one of parents in need of treatment, while the social worker may see it as children in need of protection. The sociologist sees social dysfunction; the moralist sees monstrous and unnatural acts. The parents' views tend to be clouded by their desperation, feelings of failure at parenthood, and fears of punishment and criticism rather than help. The children's viewpoints are seldom known.

Seen as a whole--which is how any system must somehow be understood--child maltreatment appears as a tangled web of myths, half-understood relationships, contradictory approaches to management, tragedies, suspicions, and unknowns. Fragmented perceptions and the divergent results they produce add to the inherent complexity of any attempt to define or deal with the problem.

Scope of the Problem

The problem of child maltreatment has been compared to an iceberg; reported cases account for the visible tip, but estimates suggest a problem of staggering proportions yet to be revealed. The latest statistics processed by the National Center on Child Abuse and Neglect estimated the incidence of child maltreatment in 1977 to be around 1 million: 100,000 to 200,000 are physically abused; 60,000 to 100,000 are sexually abused, and 700,000 to 800,000 are neglected or otherwise mistreated. In addition, an estimated 2,000 children die each year in circumstances of suspected abuse or neglect. (NCCAN, 1978, p. xi)

In 1978 the American Humane Association (AHA) released the National Analysis of Official Child Neglect and Abuse Reporting, the purpose of which was to collect data on reported cases of child abuse and neglect to determine the national status of the problem. Thirty-one states participated fully in the AHA National Study. Summary data follows.

SUMMARY DATA FROM FULLY PARTICIPATING STATES

1. Total number of reports of neglect and abuse		99,579
Abuse only		26,438
Neglect only		58,055
Abuse and neglect		15,086
2. Number of fully participating states and territories		31
3. Number of validated cases		47,167
Validated abuse only		14,663
Validated neglect only		28,276
Validated abuse and neglect		4,228
4. Source of reports		
Friends, neighbors		17%
Relative		15%
Law enforcement agency		12%
Educational		11%
Medical		11%
Community agency		10%
Parent/parent substitute		5%
Other		19%
5. Alleged perpetrators (validated cases only)		
Natural parents	40,150	87%
Other parents (step, foster, adoptive)	3,230	7%
Relatives	923	2%
Others	1,846	4%
6. Types of validated abuse reported [a]		
Minor physical injury	11,869	73%
Major physical injury	1,554	9%
Burns, scalding	816	5%
Sexual abuse	1,975	12%
7. Types of validated neglect reported [a]		
Physical neglect	46,889	64%
Emotional neglect	13,658	19%
Medical neglect	7,575	10%
Educational neglect	5,457	7%

Source: American Humane Association National Study, 1978, Table 11

[a] More than one category may have been reported for each case.

It is evident from these estimates that a considerable number of children in this country are victims of abuse and neglect each year. It is also clear that there is a gap between the number of reported cases and the actual incidence of maltreatment. Silver (1968) suggests "several reasons why accurate statistics are difficult to obtain: (1) there are differing definitions of abuse; (2) there are cases of abuse which may not come to the attention of medical personnel; (3) there are cases of abuse which are brought to medical attention but which may not be suspected or diagnosed as child abuse; (4) there are cases which may be suspected but not reported by physicians" (p. 96).

Under-reporting is also perpetrated by our feelings about the problem. It is difficult to accept the fact that parents can nonaccidentally mistreat their children. Child maltreatment violates our most cherished stereotypes of parenthood. Our images of the ever patient, always caring parent quickly evaporate when confronted with a child hurt by his or her parent. Attempts to rationalize the problem of maltreatment have surrounded it with myths. Among the most common are: abuse and neglect are problems of the poor; abusive parents simply misjudge their own strength; and parents are psychotic.

The facts are different. Children are abused and neglected in families from all socioeconomic levels, races, nationalities, and religious groups. The problem is not limited to racial minorities nor to the poor, even though these groups account for proportionately large figures in reported statistics. In 1968, for example, the nationwide reporting rate was 6.7 per 100,000 for white children, compared with 21.0 per 100,000 for nonwhites.

Poor families and nonwhite families are reported more frequently than middle and upper class whites for several reasons. Members of lower socioeconomic groups are the clients of welfare agencies, municipal hospitals, and out-patient clinics. Compared to middle and upper class families, they not only have more contacts with many different types of professionals, but their homes, lives, and problems also are more open to professional scrutiny. In addition, as the head of one hospital's child abuse team noted, even professionals in the social work and medical fields may find it more difficult to report a family with whom they can identify: whites have more difficulty reporting whites, and blacks, more difficulty reporting blacks; those of the middle class find it harder to report a middle class family; and so on. Since most professionals are middle and upper class whites, poor nonwhite families tend to account for the greatest proportion of reports. However, abuse and neglect is prevalent in families of all economic, ethnic, and cultural backgrounds. To close our eyes to this fact would be to deny protection to a large number of children in need.

Ownership of the Problem

Just as abuse and neglect reach into all sectors of society, its management and solutions require the concern and cooperation of the entire community. Intervention into such a complex problem is complicated and raises multiple issues regarding the child, the family, and society. Among the questions we are still struggling to answer are what constitutes appropriate intervention, how should this intervention be managed, what is society's responsibility to the child and to the family, and what ramifications are inherent in the individual act of abuse and in the social reaction of intervention?

The laws and policies being developed to deal with the problem are strong statements reflecting and directing our attitudes toward children and families.

The nature of the problem of abuse and neglect requires everyone to be involved. Educators, health professionals, social service workers, law enforcement personnel, and the courts--all are responsible for reporting, assessing, and making decisions regarding abuse cases. They also are equally responsible for taking action to prevent abuse and neglect. In addition, these responsibilities extend beyond the professional community and incorporate neighbors, volunteers, and concerned citizens.

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HISTORICAL AND CULTURAL ASPECTS

Children As Property

Violent abuse and physical neglect has been documented in almost every culture since early history. Cultural attitudes, economic needs, and religious beliefs have, to varying degrees, dictated child rearing practices and sanctioned the maltreatment of children. It is only very recently in modern history that children have been viewed as individuals with needs and rights of their own. Our attitude toward the idea of complete jurisdiction of the parent over the child dates back to Aristotle, who said:

> The justice of a master or a father is a different thing from that of a citizen, for a son or slave is property, and there

> can be no injustice to one's own property." In Roman times the father had the privilege to sell, abandon, devour, kill, offer in sacrifice, or otherwise dispose of his offspring. The belief that there can be no injustice to one's own property still allows and sanctions the abuse of children under the guise of punishment. Today, society says that a man or woman who strikes a child is committing an assault if the child is not their own, but rarely interferes in the assault of a child carried out as punishment by a parent. (Stalk, 1974)

Discipline

Maltreatment of children has been justified for centuries under the auspices of discipline. The Judeo/Christian heritage is one of submission and obedience of children for the honor of their parents. In the Old Testament, punishment for disobedience to one's parents was death by stoning. Biblical instructions for child rearing repeatedly justified physical force to shape the child's character. The book of Proverbs, for instance, provides several justifications that have resulted in much abuse (Walters, 1975). It tells us, "He that spareth the rod hateth his son: but he that loveth him chasteneth him betimes," and "Chasten thy son while there is hope, and let not thy soul spare for his crying."

A 13th century proverb reflects the continuation of these teachings: "If one beats a child until it bleeds, then it will remember, but if one beats a child to death, the law applies." These teachings were transmitted by law as well as tradition in colonial America. The Mosaic laws, adopted by Massachusetts in 1646 and by Connecticut in 1951 imposed the death penalty for "unruly children." In actuality, public whipping was substituted for execution if the parents could prove that they had not provoked the child by extreme and cruel correction.

Although today's research indicates that physical punishment is a relatively ineffective method of discipline and guidance, it is still sanctioned as a parental right. Hence, the key factor of societal concern focuses on the severity of punishment. Regardless of the psychological damage that may result from inappropriate discipline, societal intervention is limited unless the injuries are permanent or severe.

"Spare the rod and spoil the child" was a dictum used by teachers and schools as well as parents. Three thousand years before Christ, the schools of Sumer had "a man in charge of the whip" to discipline the pupils. The image of the school master with rod in hand can be found throughout history:

> The Ferule, a tough stalk of the giant fennel (ferula) was used by Roman schoolmasters as the instrument of punishment. In England and America all pictures of pedagogues showed them armed with the birch. Michael Udall, headmaster at Eton during the reign of Elizabeth I, was noted for his addiction to the use of four apple twigs. (Radbill, 1974, p. 4)

One needs only to recall Mark Twain's description of Tom Sawyer's schooling to envision the same practice in this country. To a large extent, it is still condoned in many school systems and legal in some states.

Voices have been raised periodically against the harsh discipline of children.

> Plato in 400 B.C. advised teachers to "train children not by compulsion but as if they were playing," and Plutarch, 400 years later, decried the use of the scutica (a whip made of leather thongs).
>
> In the 16th century Roger Ascham wrote The Schoolmaster in which he advocated love instead of fear in teaching children. John Locke, a century later, pleaded for schoolmasters to reserve the rod for moral faults only.
>
> There were others who protested vigorously against child abuse. During the reign of Henry VIII there was a group of reformers in educational methods who urged gentleness; among them was John Colet, founder of St. Paul's School in London. When Richard Mulcaster, a schoolmaster, wrote his little book on education, he was criticized by Fuller, who said, "others have taught as much learning with fewer lashes." John Peter Frank, at the end of the 18th century, was a pioneer in the establishment of legal regulations curbing corporal punishment in the schools.
>
> Pressure against child abuse was also exerted by those outside the educational system. In 1611, Roger L'Estrange published a book, The Children's Petition, pleading for more leniency from parents toward their children. In 1698, another book appeared in England entitled Lex Forcia, A Sensible Address to Parliament for an Act to Remedy the Foul Abuse of Children at Schools. Over 150 years passed before public opinion was aroused in the United States. In 1861, Samuel Halliday, a reformer, reported many instances of child beating by sadistic parents in New York City and called for their cessation. (Radbill, 1974, p. 5)

The issue of corporal punishment in the schools is still being addressed by educators and politicians. In 1978, approximately half of the states still allow the local school system to determine their own policy on discipline. Where teachers are allowed to use corporal punishment, it becomes a paradox to talk about intervention with abusive families. Educators, like parents, may become unduly angry while disciplining a child and transform discipline into abuse. That physical punishment is accepted and condoned by a social institution such as the school reflects the societal scope of the problem.

Mutilation

Ritualistic killing or maiming of infants and children has also been a part of history since early civilization. Forms of mutilation of children have been recorded over the centuries as part of religious and ethnic traditions. This has been referred to as ritual surgery and has included castration to produce eunuchs or singers, footbinding of female children in China, wrapping the neck with wiring, splinting the lips and nose by certain cultures in Africa, tatooing, and cranial binding as seen in North American Indians.

Swaddling was a common form of child care in many cultures that often resulted in disformation. During the first year of life an infant was bound tightly to a carrying board, preventing all movement of the limbs and body. In addition to providing a convenient means for carrying and supervising infants, swaddling was believed to protect the child from scratching itself, breaking its bones, touching its genitals, or "crawling around on all fours like an animal." Swaddling often resulted in flattened heads, stunted growth, and deformed limbs.

Intentional and vicious forms of mutilation were done by those trafficking in children to set them up as professional beggars.

> M. Annaeus Seneca, father of the famous philosopher, at about the time of Caesar, listed among the deformities inflicted upon children to arouse pity (thereby making them good beggars): gouged eyes, amputated or twisted arms and legs, and broken and deformed feet. (Radbill, 1974, p. 6)

Infanticide

Infanticide was also accepted as a part of family life for similar ritualistic, religious or traditional practices. Solomon (1973, p. 774) states that infanticide has "been responsible for more child deaths than any other single cause in history, other than possibly bubonic plague." Radbill (1974, pp. 6-9) gives several explanations for this phenomenon:

- Population control is the motive most often assigned, especially among peoples who do not know how to prevent conception or to produce abortion. The individual family size can be controlled when children are abandoned, sold, or slain. In some cultures a limit of three children per family was set, and those born after the third were either killed or otherwise eliminated. Actually, war, famine, disease, and accidents have been more effective in population control than deliberate infanticide.

- Illegitimacy is another prime cause of infanticide. Even if not willfully murdered, illegitimate babies have, in some societies, a slim chance for survival. The mortality rate during the first year of illegitimate babies' lives is frequently reported to be twice as high as their legitimate counterparts. Many illegitimate children are born prematurely, usually owing to inadequate prenatal care. If they survive the neonatal period, they are, either for reasons of shame or lack of financial support, neglected, abused, surreptitiously abandoned, left in the care of others or institutions, or killed.

- Demand of child rearing often caused an infant to be sacrificed. When a child was born too soon after a sibling, it might be killed because of feeding problems or because of the taboo which kept the mother away from the embraces of her husband during the lactation period. Such infants were especially in peril in a polygamous society, for the husband could find comfort from another wife too easily.

- Greed for money led to infanticide. Unscrupulous nurses collected their fees and then promptly did away with the babies. When babies were farmed out to foster care, their lot was usually an unhappy one. Although foster care is an ancient system mentioned both in the Code of Hammurabi of 600 B.C. and in the Bible, neglect, ill usage, and starvation were the rule, even though the law required registration of the foster home.

- Greed for power, as when kings feared to be replaced by the new heir could be lethal to the child. When Herod feared the coming of a messiah, he ordered the massacre of the innocents; and when Pharaoh feared the Jews, he likewise ordered the slaughter of innocent newborn males.

- Superstition can lead to infanticide. Man fears the unusual, so twins, monstrous births, or congenital defects frequently bode evil. The Greeks, and to some extent the Romans, as well as many others, killed their weak or deformed infants in the vain hope that only the strong would survive. This belief in the survival of the fittest to strengthen the race was held by Plato, Aristotle, and many others.

- Ritual sacrifice accounted for countless infant deaths. In certain fertility rites in China, India, Mexico, Peru, and elsewhere, children were cast into rivers as offerings to water gods to bring good harvests or other good fortune. Sacrifices of infants were also considered to bring fertility to sterile women and cure certain illnesses.

Abandonment

Eventually, infanticide became such a widespread practice that laws were enacted to limit it. As a result, infants began to be "exposed" instead of killed. The stories of Moses and Romulus and Remus begin with the abandoned baby in the basket. Because most "discarded" infants died unless they happened to be rescued by a concerned adult, this practice served many of the same functions as its predecessor, infanticide. It eventually led to the establishment of foundling homes or hospitals. The Christian Church provided shelter for abandoned children as early as 530 A.D. A basket was placed outside the church, and later the hospital, to receive babies at any time. The basket was eventually replaced by the "tour," or turning box, which rotated to the inside of the church and maintained the anonymity of the mother.

In the United States foundling institutes were not available until the 19th century. The care of abandoned children prior to that was usually accomplished informally by individuals, or children were taken to almshouses and cared for by the residents. There was no control over the quality of care given children in almshouses, and conditions were generally known to be abominable. Among the famous almshouses used for this purpose was one located on Blackwell's Island near New York City.

> Every morning a steamboat brought them to the island, and every afternoon it carried back an equal number for burial in Potter's Field. In 1869, the New York Foundling Asylum was established on Randall's Island. This was evidently an improvement, because two years later John S. Parry, at a meeting of the Social Science Association convened in Philadelphia to consider the problem of infant mortality, read a paper on the necessity for a foundling hospital in Philadelphia. (Radbill, 1974, p. 10)

Servitude

Child labor has always been a valuable commodity. Parents often sold or indentured a child into service for economic reasons. Industrialization increased the need for child labor and exacerbated systematic exploitation. Parents took advantage of the market and "hired out" their offspring for profit. Employers utilized the free labor of orphans and pauper children from the workhouses. It was not uncommon for children as young as 5 years to work 16 hours at a time. The property rights of parents over children were extended to employers, rendering children helpless against the conditions they were placed in. In this country, the need for labor during the colonial period also pushed children into early employment.

> The early colonial apprenticeship system, under which children as young as four years of age were bound out to servitude, was responsible for many battered children. Thus, a master of Salem, Massachusetts, in 1630 was tried for murdering his apprentice. The jury acquitted him because the boy was "ill disposed," although the master's correction was thought to be unreasonable in that the autopsy disclosed a fractured skull. In Boston, on the other hand, where a master "by sundry stripes and ill usage" over a period of time killed his boy in 1643, the brutal master was said to have been executed. A postmortem examination of another child, in Plymouth in 1655, revealed such terrific battering and cruel tortures that the community was aroused and the master was brought to court. When, in Maryland in 1660, an orphan boy was so ill treated that "the voice of the people crieth shame thereat," the unhappy boy, indentured at the age of nine, was set free from his master. (Radbill, 1974, p. 11)

Protection

We must conclude that a number of children have been exposed to exploitation, maltreatment, and devaluation throughout history. Although voices had been raised periodically advocating the rights of children to fair and humane treatment, the welfare movement in child protection did not begin in the United States until fairly recently. It began in 1874 when the famous Mary Ellen case established the rights of children to protective treatment. The facts of this landmark case are of particular interest.

> The child, named Mary Ellen, was being beaten regularly by her adoptive parents and was seriously malnourished. Interested

> church workers were unable to convince local authorities to take legal action against the parents. The right of parents to chastise their own children was still sacred, and there was no law under which any agency could interfere, to protect a child like her. The church workers appealed to the Society for the Prevention of Cruelty to Animals (SPCA), which promptly took action. They were able to have Mary Ellen removed from her parents on the grounds that she was a member of the animal kingdom and that, therefore, her case could be included under the laws against animal cruelty. As a direct result of this incident, the Society for the Prevention of Cruelty to Children was founded in New York City in 1871. Following the example of the New York Society, many other societies with similar objectives were formed in different parts of this country. (Radbill, 1974, p. 13)

Private agencies like these currently join with public agencies and the courts to provide protective services to children.

Current Status

Although the status of children has changed considerably to allow such protection to be extended to them, their position in society is still transforming from one of property to one of full human citizenship. The conflict between parental and children's rights continues, both in the courts and in family traditions. Communities continue to devalue children, barring them housing, denying them adequate educational and recreational programs, and failing to embrace them in the mainstream of community life. Childbearing practices continue to be laden with control, submission, and violence. Inadequate parenting, lack of health care, discrimination, malnutrition, and neglect still affect numerous children throughout the United States. This situation contrasts sharply with the prevailing myth that America is a child centered society. The importance of childhood and dynamics of child development have been substantiated through research. However, their acknowledgement and implementation have yet to be adopted on a familial level throughout society. Until this happens, children will continue to need protective services to intervene on their behalf.

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THE EDUCATOR'S RESPONSIBILITY

Now that child abuse and neglect has surfaced as a national problem, guidelines and mandates for the control have been enacted at all levels of social involvement. In 1973, the Department of Health, Education, and Welfare's Office of Child Development proposed a Model Child Protective Services Act for state and local management of the problem. This model act was further strengthened by passage of the Child Abuse Prevention Act in 1974. Both call for the involvement and commitment of all professionals working with children and families.

Of these professionals, educators are in a key position to take initial steps to protect abused and neglected children. Teachers have the benefit of daily contact with children and are able to observe their appearance and behavior regularly. They are in a position to recognize changes in children's behavior which may suggest sudden or periodic abuse or chronic patterns indicating ongoing neglect. Their special training and experience allows them to recognize deviations in what constitutes normal, healthy behavior in children. Therefore, it becomes the school's responsibility to identify the signs of potential maltreatment and initiate the intervention of protective or therapeutic services on behalf of the child.

The school is also in a position to provide support and understanding to both the child and the parent while an investigation is conducted and during the course of treatment. Working in cooperation with other agencies, the school personnel can make suggestions for the treatment plan for the entire family.

In addition to protecting children and aiding in rehabilitating families, the school has the responsibility to become involved in preventing child abuse and neglect. Through its programing and personnel, the school can offer children the support, consistency, stimulation, and physical needs they may not be getting from home. It can also offer the family numerous support services, lending to its stability and growth. With an eye to the future, the school's environment and curriculum serves to shape our children's values and skills--and, consequently, our future parents. Building strong children who will grow into loving parents is perhaps the greatest challenge in preventing future tragedies of abuse and neglect.

The Difficulties of Reporting

For the educator, responding to a problem of child abuse or neglect can be a confusing and lonely ordeal. The teacher who successfully recognizes a case of possible maltreatment and displays concern and compassion for the child by reporting the incidence may be placed in a vulnerable position. (S)he may meet with resistance from the principal, school board, or other teachers who do not support his/her decision to report. A congenial, co-operative relationship previously established with parents may be jeopardized. His/her physical safety may even be threatened by an angry parent when (s)he leaves the protected environment of the school building and becomes a community member. Currently, there is little immediate protection or support readily available to the teacher who becomes involved in identifying and reporting a case of child abuse or neglect. Consequently, the decision to take action is surrounded by feelings of hesitancy and fear. However, this need not be the general rule for educators. With sufficient information, school cooperation, and access to community agencies, the educator can be an active and effective intervention agent for maltreated children.

If this intervention role is to be implemented effectively, the educator needs to build on his/her skills and knowledge in observing children and be able to recognize the indicators of possible abuse and neglect. Most teachers are already aware of the ways a child may communicate that something is wrong. Many teachers are also adept at attending to the child's problem within the limited context of the classroom. However, the educator may not know how to extend his/her assistance to the child beyond the classroom and school environment. In child abuse and neglect cases, this intervention beyond the classroom is especially important.

The Educator's Role in Intervention

The intervention process in child abuse and neglect as it applies to the educator involved four major steps: Identification; Reporting; Investigation; and Case Planning and Management. During the first two steps, identification and reporting, the educator has a primary role for initiating the intervention process. A child's teacher could well be first to recognize abuse or neglect and, therefore, the first to take action. Thereafter, during the investigation and case management steps, the educator has a collaborative role, assisting other professionals and agencies in completing the intervention process, first by helping the investigator determine the reality of maltreatment by giving further information about the child and the school's contact with the family. The educator may later assist in case planning by defining and offering the various services the school can provide the family. Schools are a rich resource for services to parents and families as well as children.

Educators can offer the child such special services as diagnostic and prescriptive programing, individual counseling, supplementary nutrition, supportive recreation programs, and most important, support. They can offer the family parent training, homemaker skills, counseling, nutritional counselors, early intervention and home training programs for siblings, adult education, and support groups. Schools now are frequently tapped for these services by protective service agencies which plan for the treatment of abusive families. Consequently, the educator may be called on to reenter the intervention process in a primary role during the treatment phase.

Programing for Intervention

As of Fall, 1978, the involvement of educators in the problem of child abuse and neglect is specifically mandated by legislation in 43 states to entail identification and reporting of suspected cases of maltreatment. In light of this legal responsibility, state and local educational agencies as well as professional organizations have begun to establish policies and guidelines to assist and support educators throughout the reporting process. By knowing what to do and who to turn to for help, the individual educator is more apt to accept the responsibility of reporting. School policies must not only specify reporting procedures but also describe how educators will work with other community agencies to prevent and treat child abuse and neglect. Schools also need to identify specific programs and services for the treatment of children and families in which maltreatment has been recognized.

Research indicates that many abused or neglected children are left with residual physical or emotional problems. Special problems such as slow intellectual development or retardation, learning disabilities, or speech and language delays are not uncommon. Children with any of these problems clearly are entitled to special care, which then becomes part of the treatment process. Obviously, the success of any school-based intervention with children who have been abused or neglected must be linked to the intervention plan of other community agencies. Gains on behalf of abused and neglected children having special needs must be considered when designing a school program. In most cases, these children do not constitute yet another distinct population of children who have come to the attention of school personnel. For the most part, their learning or behavioral needs will place them in already existing categories--"behavior problems," "loners," "truants," or children in need of special education or health care.

Successful school experiences are often linked to a cooperative relationship with a child's parents. Proper programing for abused and neglected children also relates to a similar parent-professional partnership. Unfortunately, it is not easy to communicate with a parent who may have a low sense of self worth, be socially isolated, feel incompetent, is unable to find pleasure or satisfaction in an adult world, believes in punishment, or lacks understanding of a child's needs or developmental process. Furthermore, families under stress do not always indicate a responsiveness or willingness to work with schools. However, it is in the best interest of the child for educators to maintain a communicative relationship with the parents. Many school policies require that parents be informed that the school is going to make a report before the report is actually made. This step makes the parent-school relationship easier in the future.

Community Collaboration

By taking the initial action to report a child abuse and neglect case, the educator becomes involved with a variety of community service agencies and professionals that will respond to the problem. In cases of abuse or neglect, both children and their families are entitled to treatment. Whenever possible, every attempt is made to keep families together. This support to families requires the cooperation of a number of community agencies that may be responsible for different aspects of the problem. Certain families may need the skills of a homemaker, social worker, marriage or job counselor, or mental health clinician. Many communities are beginning to individualize and monitor this process for families with the use of a special contract on treatment program. In certain localities, family programs are backed by interagency agreements to provide services.

Although the responsibility for coordinating these services usually rests with child protective services, no single agency is able to provide all of the services needed for a family. In order to prevent fragmentation of services, there must be a collaborative effort by representatives from education, law enforcement, health care and social work to plan a total treatment program for children and their families. Multidisciplinary programs exist in the form of hospital-based programs, private non-profit volunteer programs; public social service agency-based programs or community-based teams for the prevention and treatment of abuse and neglect. Most draw heavily from professional groups other than educators. Others involve schools primarily as a source of identification and referral. Only a few effectively use school personnel in the treatment process. Formulation of a multidisciplinary team within a community most often is based on an agreement among various service agencies to pool their resources with each responsible organization contributing staff time. Often the first step is to establish a task force to review procedural guidelines. This would normally be followed by a joint participation in handling cases of abuse and neglect and the formulation of community-wide information programs on the issue and local reporting and treatment procedures. Undoubtedly, the ultimate responsibility of prevention and treatment falls on the total community. Teachers, however, are key components of an effective and efficient response and have the ability to act as primary initiators of the intervention process.

Planning Strategy

Teachers interested in offering programs to better inform other educators or community members on how to recognize child abuse and neglect and what to do about it need to structure their programs so that they integrate school resources with other community efforts. Consideration should be given to the following areas.

- Selection of a planning group

  Because abuse and neglect is a community problem, it will require the efforts of several people to locate resource people and manage a program. Local professional teacher groups are excellent. Organizers will have to obtain administrative approval, locate a site, contact community speakers, duplicate materials, offer inservice credit, and design promotional material.

- Background research

  Once some reading has been done on the identification process and the family dynamics surrounding child abuse and neglect, determine state reporting requirements and local procedures and policies. Begin to talk to community resource people and identify key school personnel (e.g., guidance counselor, special educator, school nurse, or school social worker) who already work with children with special needs. Think about already existing school programs that could benefit children and their families.

- Policy review

  Determine whether there is a school policy and if it represents a commitment by the school to cooperate with other agencies and protect children from harm.

- Determine program content

  Participants will need to know the specifics of child abuse and neglect. Therefore, plan programs that build from identification of child abuse and neglect and knowledge of various agency responsibilities and reporting procedures. Once informed of the basics, participants are better able to reassess existing school personnel and programs and plan cooperatively with other community groups to match treatment and prevention efforts.

Inservice programs or local conferences alone will not solve the problem, but they can stimulate an awareness of the rights of children, their families, and the responsibilities of communities.

Educators need to consider ways they can provide information to their profession and begin to take action on behalf of abused or neglected children. This may be in the form of specific services to individual children and their families or general school-wide programs on parenting.

In accepting the responsibility of meeting the needs of abused and neglected children, educators need to define the nature of the school's involvement with the problem of maltreatment. Before these wheels can start to turn, educators must define their feelings about child abuse and neglect. Our values concerning abused children and abusive parents as well as healthy families will determine the nature of our involvement with the problem. They will affect the way we accept our responsibility and will underscore our activity in whatever role we choose. With a recognition of individual and social values and an understanding of the problem in hand, the educator can begin to respond to the problem of child abuse and neglect.

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WE CAN HELP

Session 2

Contents

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- 6 Worksheets (pages 3-8)
- Resource Materials (pages 9-30)

THE COUNCIL FOR EXCEPTIONAL CHILDREN

EC 120694

INTERVIEWING THE CHILD

PURPOSE:

TO GAIN SPECIFIC INFORMATION WITHOUT INTERROGATION TO DETERMINE WHETHER TO REPORT SUSPECTED CHILD ABUSE OR NEGLECT.

PROCESS:

- REFLECT IN ADVANCE.
- ATTEMPT TO MAKE THE CHILD COMFORTABLE.
- USE APPROPRIATE LANGUAGE.
- ASK QUESTIONS ABOUT CHILD'S CONDITION.
- CONCLUDE BY EXPLAINING CONFIDENTIALITY AND RESPONSIBILITY TO HELP.
- RECORD INFORMATION TO REPORT OR FILE IN CONFIDENTIAL RECORD.
- PLAN TO FOLLOWUP.

TYPES OF MESSAGES

FACILITATIVE

- REFLECTION OF FEELINGS
- OPENENDED QUESTION
- DIRECT QUESTION
- SELF DISCLOSURE
- SPEAKING ABOUT EXTERNAL EVENTS
- "I'M OK, YOU'RE OK"
- MUTUAL TOPIC FINDING
- ASKING FOR FEEDBACK

OBSTRUCTIVE

- OVERLONG STATEMENTS
- PUT-DOWN QUESTIONS
- "YOU ARE BAD" STATEMENTS
- SARCASM
- "YOU SHOULD" STATEMENTS
- THREATENING
- OVERGENERALIZING
- PREMATURE ADVICE

CHILD ABUSE AND NEGLECT DEFINITION

Public Law 93-247, the Federal Child Abuse Prevention and Treatment Act, defines child abuse and neglect as:

> "The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby."

There are four main categories of abuse and neglect:

- Physical abuse. The infliction of physical injuries such as bruises, burns, cuts, welts, and bone and skull fractures by punching, beating, kicking, biting, strapping, paddling, knifing, etc.
- Sexual abuse. A form of physical abuse ranging from rape, incest, and intercourse to exposure and seduction; also sexual exploitation, which refers to the use of children and teenagers in pornographic films or as prostitutes.
- Physical neglect. The failure to provide general child-caring functions, such as supervision, protection, and nurturance, and the failure to provide the basic necessities, such as adequate shelter, food, clothing and medical and dental care.
- Emotional abuse and neglect. A pattern of destructive interaction between child and parent, illustrated either by an attitude of rejection (i.e., sarcasm, belittling, verbal assault, and constant criticism) or by non-acceptance of the child, illustrated by a lack of feedback to the child.

INTERVIEW EXERCISE ONE

TEACHER ROLE

You are the teacher (Mr./Ms. Green) of a first grade class. Three weeks ago Pat, a 6 year old, was assigned to your class. He has been withdrawn, but his academic ability is above average. When his parents registered Pat they seemed very anxious that he do well and asked to be notified of his progress. At that time Pat had noticeable bruises on the back of both legs. Today, Pat arrived at school with a cut above his left eye and a black and blue mark over his cheekbone. He also seemed nervous and on the verge of tears. You are concerned and decide to talk with Pat about the injury.

In preparation for this interview discuss the feelings a teacher might have in this situation. Identify approaches that could be used to determine whether to report suspected child abuse.

Interview phases:

- Establish a comfortable climate.
- Develop a rapport.
- Probe for information.
- Identify facts.
- Assure confidentiality.
- Explain your responsibility to help.

INTERVIEW EXERCISE ONE

CHILD ROLE

You are Pat, a 6 year old first grader. Three weeks ago you came to this new school and you like your teacher. Last night your father hit you in the eye with his fist because you were watching television instead of cleaning up your toys. You are trying not to cry in school because your eye hurts. When the teacher (Mr./Ms. Green) questions you about what happened, you are defensive and adamant in telling him/her that you fell down. You will tell the teacher what your father did while he was drinking only if he/she spends time trying to find out what happened in such a way that it makes you trust him/her.

In preparation for this role discuss the feelings a child in this situation might have. Identify the defenses Pat might use to withhold information and protect his father.

INTERVIEW OBSERVER GUIDE

Instructions:

- Do not enter into the interaction.
- Note each phase of the interview process as it occurs.
- Jot down examples of communication (direct quotes or descriptions of body language).
- At the end of the process share your information as factually as possible.

1. Initiating the interview. What does the teacher say and do to ensure relaxed communication and privacy?

2. Establishing rapport. What words and body language are used to build trust?

3. Probing/Identifying feelings. What techniques are used to allow for child response and input?

4. Dealing with emotional reactions. What is said or done to respond when there is anger, crying, hostility, or complete withdrawal?

5. Identifying factual information. What specific questions or comments elicit sufficient information without requiring detail?

6. Concluding the interview. What is said to assure the child of confidentiality and the teacher's responsibility to help?

INTERVIEW EXERCISE TWO

EDUCATOR ROLE

(Take the role you as an educator presently hold, or take the role of the physical education teacher.)

You have a relationship with Susan, a 14 year old student at Lee Junior High School. You know that Susan is reluctant to participate in gym class. This has come to your attention because she refuses to change in the locker room and wanders the halls during that period. You are also aware that over the past few months Susan's attitude toward school has changed from being active and outgoing to shy and retiring. Her best friend has told you that Susan is going to run away from home because her stepfather is using her sexually. Susan's mother is on the school board and is respected in the community. You have decided to talk with Susan about your concern.

In preparation for this interview reflect on the feelings an educator might have in this situation. Think of approaches that could be used to determine whether to report suspected sexual abuse.

INTERVIEW EXERCISE TWO

ADOLESCENT ROLE

You are Susan, a 14 year old in the eighth grade at Lee Junior High School. You have been sexually abused by your stepfather, who has molested you while your mother is at evening meetings as a community school board member. On three occasions he forcefully made you submit to sexual intercourse. Up until this time you have discussed the incident only with your best friend. You are scared but now want to talk to someone about it. You are approached by a member of the school staff who has always encouraged you in your school activities. After great difficulty, you tell this person about your problem.

In preparation for this interview reflect on the feelings of a young girl in this situation. Identify the defensive behaviors she might exhibit at the beginning of this interaction.

RESOURCE MATERIALS
SESSION 2

IDENTIFICATION

Identification is the process of recognizing the effects of child abuse and neglect in children and parents. Child abuse and neglect are physical, social, and psychological problems that threaten the health and well being of individuals and society. Recognition or identification is the first step in the process of finding solutions to these problems and, where possible, creating healthy, supportive relationships between parent and child. Identification of child abuse and neglect is a task for which educators are particularly responsible. To be prepared for this task they need to have knowledge of the problem and skills in observing its signs.

The indicators of physical and sexual abuse, emotional maltreatment, and neglect presented here are intended to be used as general guidelines by all educators. They present some of the signs carried by the child or parent that may alert the educator to the possibility of maltreatment. In interpreting these signs, the educator should supplement observations through interviews with the child and, perhaps, the parent. It is important to consider the frequency, intensity, and recurrence of possible indicators manifested by the child. It is also important to look for other causes and explanations for the symptoms.

Educators who have specialized knowledge and experience in working with children are usually sensitive to children's behavior. In their daily contact with children, they can take note if a child's behavior suddenly changes or is different from that expected for the child's developmental age. This knowledge, sensitivity, observation, and opportunity for daily contact permits recognition of possible cases of child maltreatment.

Definition of Child Abuse and Neglect

Defining the terms "child abuse" and "child neglect" raises controversial issues because they determine the conditions that constitute reportable circumstances and they establish when society, child protective service, and possibly the courts can intervene. The difficulty in providing a specific definition of child abuse and neglect comes from the fact that child abuse and/or neglect must be defined within the culture and value system of the community in which it takes place. Furthermore, ideas about what is proper child rearing practice vary widely within and between communities. Many communities and social groups believe that a good parent is strict and makes liberal use of physical discipline, that this will not harm a child, and that, in fact, it is good for him. A person from such a community might consider vigorous beating of a child completely appropriate and might even regard a parent who refrains from such behavior as guilty of neglecting his/her child's moral development.

The extent or intensity of parental action(s) is one variable that must be considered in defining child abuse and neglect. Everyone might agree that physical discipline that results in broken bones is abuse and failure to feed an infant is neglect, while discipline by withholding privileges and scheduled meals are characteristic of good parenting. Between these extremes, however, there exists a wide "gray" area in which it is less easy to classify parental behavior. It is within this gray area that definition is at once most necessary and most difficult.

In light of these considerations, one might propose a conceptual definition of child abuse and/or neglect as a form of deviant parenting which lies on a continuum stretching from positive and socially accepted parenting at one end to negative and unacceptable parenting at the other. Everyone's value system contains such a continuum; one's cultural background, professional role, and personal values determine where a particular action or pattern of interaction is placed on that continuum.

Another variable that enters into the definition is time. The definition may change depending on whether the deviant parenting is seen as episodic or chronic. In either case, it is important to remember that any assessment captures the caretaker at one point in time and does not reflect the myriad of changes that may take place in the family in the space of a year, a month, or even a few days.

In terms of the actual behaviors defined under the heading of child abuse and/or neglect, one might say that abuse, be it physical, sexual, or emotional, is an active form of deviance in which the child is injured by the actions--intentional or not--of the caretaker, while neglect, which might be physical, emotional, or the result of lack of supervision or abandonment, is a form of passive deviance in which the child suffers because of the omissions of the caretaker. Much of the following discussion makes the assumption that the basic dynamics of child abuse and child neglect are the same; it is the manifestations that differ.

There are a number of definitions found in laws, procedures, and informal practices which provide the basis for intervention. Depending on the role and orientation of the organization utilizing them, these definitions may vary as to specificity and focus. For example, the definition used by the criminal court will focus on the specific action of the parent, whereas the definition used by the hospital may stress the physical manifestations in the child. Currently, local working definitions are offered by each agency involved in the process of handling child abuse and neglect cases. Legal and reporting definitions are determined by each state. On the federal level, Child Abuse Prevention Act of 1974, Public Law 93-247, offers a general definition as a guideline for state and local activity. As defined by this law, child abuse and neglect means:

> The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person who is responsible for the child's welfare, under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary.

How this official definition is put to use, however, is left to the jurisdiction of the agencies and professionals involved with the problem of child abuse and neglect. Considering the basic needs of all children (for adequate physical care, affection and nurturance, stimulation and education, moral guidance, and the need to feel safe, secure, and accepted), the definition often applied to child abuse and neglect can be broadened to consider the omissions or commissions of parents or other caretakers that prevent these needs from being met and prevent a child from becoming a productive, independent human being with respect for himself and others.

Physical Abuse

Physical abuse is reported more often than other forms of maltreatment because it is more easily recognizable. The physically abused child often carries overt signs of trauma or injury and is, therefore, a distress signal for the family in need of help. Signs of injury include bruises, welts, contusions, cuts, burns, fractures, lacerations, strap marks, swellings, and lost teeth. The list of possibilities is long and unpleasant. While internal injuries are seldom detectable without a hospital workup, anyone in close contact with children should be alert to multiple injuries, a history of repeated injury, new injuries added to old, and untreated injuries--especially in the very young child.

Very often parents, when asked to explain their child's condition, give conflicting or inappropriate stories, unrealistic details, or causes that are incompatible with the developmental abilities of the child. In an effort to remain undiscovered, they may take the child to different hospitals and doctors for treatment of each new injury. Many parents delay or avoid medical treatment entirely for fear of losing custody of their child.

All children suspected of being physically abused should have a thorough physical examination. Many times burns, cuts, bruises, internal injuries, and bone fractures leave telltale signs of previous injury. Although the physician is well trained to detect signs of physical abuse and should be consulted when abuse is suspected, the educator should be aware of what to look for with children on a daily basis. Physical injuries that are recurrent, unexplained, patterned, or inconsistent with the developmental ability level of the child should be especially noted as possible indicators of maltreatment. If in doubt, other professionals such as the school nurse or principal may be consulted to clarify a suspicion. Although each area is discussed in detail here, reference should be made to the chart on for an overview of the physical and behavioral indicators of all types of abuse or neglect.

Sexual Abuse of Children

Intrafamily sexual abuse includes not only sexual intercourse, but also any act designed to stimulate a child sexually or to use a child for the sexual stimulation of either the perpetrator or another person. "Family," in this case, includes parents and parent surrogates--people who, by sexually abusing a child, are exploiting some kind of nonsexual, parental relationship, no matter how indirect or temporary, with that child. Included in the definition of sexual abuse are impairing the morals of a minor, rape or attempted rape, incest, exploitation, sodomy, and indecent exposure.

Intrafamily sexual abuse of children violates one of society's strongest taboos. Although strictly speaking, incest refers only to sexual intercourse between two people who are so closely related by blood that they are forbidden by law to marry, any kind of intrafamily sexual abuse of children arouses many of the strong feelings of revulsion evoked by incest per se. Society's responses indicate the depth of these feelings. On one hand, if a case of sexual abuse is overwhelmingly well documented, the responses of the courts and social agencies tend in most communities to be swifter and more definitive than for other types of child abuse: the abused child, more often than not, will be removed from the home, and the offending party is more likely to be liable for criminal prosecution. On the other hand, there is a reluctance on the part of many professionals to recognize, gather documentary information on, and report suspected cases. This, in part, reflects a resistance to dealing with problems that stir up powerful sexual fears and conflicts present in everyone. Compared with physical abuse, for example, sexual abuse has not received a great deal of attention from the helping professions; as a result we know less about the incidence of sexual abuse than about other forms of maltreatment of children.

The most common form of intrafamily sexual abuse occurs between an adult male, either the father or the mother's sexual partner, and a female child living in the same house. The adult male is often a rigid disciplinarian in the home but quite passive outside the home and in the community. His sexual contact with the child often starts "innocently" with hugs and kisses, but tends to develop over time into more caressing, genital-genital and oral-genital contacts. The mother of the child who is being sexually abused may be unaware of the sexual interaction and consequently unable to intervene on behalf of the child. Frequently, however, the mother is aware, or has strong suspicions, of sexual activity between her husband/boyfriend and her child. She may not deal with it or permit herself to recognize it out of fear that the perpetrator would leave or seek some kind of revenge. Others may deny or hesitate to report for fear of destroying the marriage and being left on their own. Some mothers may consider sexual activity within the family preferable to extramarital affairs outside the home. The sexual activity between the husband and daughter may also be a relief for the mother if it relieves her of unwanted wifely sexual responsibilities. Often, however, she feels a mixture of guilt and jealousy toward her daughter.

Mothers also have been perpetrators of sexual abuse on their children or stepchildren. In families in which the father is often away or no adult male consistently is present, the mother may seek physical as well as emotional support and affection from the child. This may also occur when the mother's needs are unmet in the marriage. Women who seek sexual gratification from their children typically were sexually abused during their own childhood.

If sexual abuse was initiated at an early age, the child, whether female or male, generally is unaware of the deviant nature of the parent's behavior. It is only when the child reaches an age in which this awareness is possible that (s)he may begin to feel guilt or resentment. Without intervention, this guilt may lead to promiscuity, frigidity, or aberrant sexual behavior. Unfortunately, the child's guilt is often reinforced when (s)he is the one removed from the family and placed in foster care. However, this is often the only recourse to protect the child from further sexual abuse, particularly if no criminal prosecution is involved.

The child may participate in the sexual activity passively out of confusion, ignorance, or fear. The activity may continue for some time because of the child's inability to break out of the relationship. This helplessness may stem from the child's fear of the adult, from the fear of being responsible for the potential break up of the family, or from a desire to protect younger siblings. The child may also participate in encouraging the sexual activity. In some cases the child can exhibit frankly seductive behavior. Usually, however, the interaction is more subtle, as in those situations, conscious or unconscious, in which an adult plays on a child's need for affection and/or simple human contact, and makes it clear to the child that the only way (s)he can satisfy this need is through some kind of sexual activity. This type of interaction can start out as simple physical caressing that gradually becomes more sexual. At this point, the child may have to be forced into overt sexual activity, but the coercion can include, along with force or the threat of harm, the warning that unless the child cooperates, the perpetrator will withdraw his/her love and implicate the child for his/her "bad," resistant behavior. Once embedded in a cyclical sexual relation with a parent, it is unlikely that the child will be able to terminate the exchange without outside help.

Emotional Maltreatment

The concept of emotional maltreatment or emotional neglect of children is a relatively new one. In the past, it was defined by such general phrases as "acts or omissions injurious to the child's health or welfare." There is a trend to include emotional maltreatment in the state reporting laws on child abuse and neglect, further specifying it as entailing:

- Mental injury.
- Serious nonaccidental mental injury.
- Gross neglect that would affect mental or emotional well being.
- Emotional maladjustment.
- Emotional abuse.
- Protracted impairment of emotional health.
- Commission or omission of any act or acts that materially affect normal emotional development.
- Mental health adversely affected.

The Model Child Protective Services Act, in an attempt to explicate further the meaning of emotional maltreatment, combines the concepts of parental acts or omissions with consequent harm or threatened harm to the child. It refers to "mental injury" and defines it as "injury to the intellectual or psychological capacity of the child as evidenced by an observable and substantial impairment in his ability to function within a normal range of performance and behavior, with due regard to his culture." Such definitions of emotional maltreatment are so broad that conceivably they could be applied to almost all forms of ineffective parenting. The breadth of the laws places a great deal of responsibility on professionals in child protective work to develop methods of distinguishing between ineffective parenting, which they would like to see improved for the benefit of the child, and emotional maltreatment, which ultimately might require the removal of the child from the home. Moreover, they must do this within the context of changing "rules" of parenting and variations in child rearing practices among cultures.

Although most professionals in the field of child care have some visceral sense of what emotional maltreatment is, conceptualizing that sense in a way that indicates when and how to report and intervene is not an easy task. There is a spectrum of parental behaviors ranging from infrequent, isolated emotionally detrimental acts to a chronic, pervasive pattern of parenting that in its totality is psychologically destructive. As children, most of us were at times treated cruelly or clumsily by our parents; and most, if not all, of us have at times reacted to children in ways we knew were unkind or hurtful. Parents are human, after all, and cannot be expected to be perfect. At the other end of the spectrum, however, are parents whose acts or omissions are so outrageous by any standards of acceptable parenting as to make a determination of emotional maltreatment virtually automatic.

But what about the middle of the spectrum? Where can the line be drawn between emotional maltreatment and ineffective parenting? To a greater degree than for other types of child abuse and neglect, emotional maltreatment in the abstract resists such demarcation and must be examined case by case. In the first place, emotional maltreatment is seldom the result of a single act, or even the repetition of a single act, but rather the product of a constellation of frequently quite subtle parent-child interactions. Also, within the totality of these interactions, what a parent does not do is as important as what he or she does. Finally, because emotional maltreatment is incremental, building up over time, it is frequently impossible to point to a specific act or precipitating incident that can be labeled emotional maltreatment. Because of this difficulty in defining the problem, it is important that professionals gather and document all evidence that leads to suspicion of emotional abuse.

The definition from the Model Child Protection Act implies four criteria that can help identify possible cases of emotionally maltreated children. These criteria can guide decisions about whether or not action is justified to protect children from emotional maltreatment and to link children who have suffered from it with appropriate remedial services. The criteria also can help differentiate emotional maltreatment as a category of child abuse and neglect from ineffective or even occasionally harmful parental behaviors toward children.

These four criteria for identification of emotional maltreatment are:

1. Emotional maltreatment is a parental (or caretaker) pattern or behavior that has an emotionally or mentally

injurious EFFECT on the child. This criterion may seem obvious, but it should serve as a brake on any over-eager and intrusive labeling of family interactions that deviate from one's own well mannered ways of behaving but appear not to have harmful effects on the child.

2. The effect of emotional maltreatment can be OBSERVED in the child's abnormal performance and behavior. Though emotional maltreatment may be suffered silently and stored away by some children for a behavioral explosion many years later, identification of "symptom-less" maltreatment is not possible.

3. The effect of emotional maltreatment is lasting rather than temporary. By implication, it is reasonable to add that the maltreatment that brings about an erosion of a child's capacity to think and to feel is probably a chronic pattern of parental behavior rather than a single or even an occasional lapse on a parent's part.

4. The effect of emotional maltreatment constitutes a handicap to the child. The maltreatment causes substantial impairment of the child's ability to function as a normal human being--to think, to learn, to enter into relationships with others, and to find satisfaction in one's endeavors.

These criteria for the identification of emotional maltreatment of children serve as guidelines, not as points that must be proved before action is taken on a child's behalf. It is sufficient that there is reason to believe that a child is suffering emotional injuries that fit these four criteria.

The common word in all these criteria is effect. As with other forms of child abuse and neglect, recognition starts with indicators that something is wrong--with the effects or symptoms. For those who have little opportunity to observe parent-child interactions over an extended period, the indicators of emotional maltreatment are exhibited by the child. These indicators of emotional maltreatment are almost always more ambiguous than are indicators in cases of physical maltreatment.

Before a suspicion of emotional maltreatment can be properly formulated, an additional step--beyond noting the as-yet-unexplained symptoms in the child's behavior--is appropriate. That step is to talk with the parent(s) about the child's behavioral or performance problems and, if possible, to observe the way the parent(s) and child interact.

Some parents will readily agree that help is needed and offer to follow up on referrals for special services, such as medical examination, remedial education, psychiatric treatment, family therapy, or parent education programs. They should be supported in making the necessary contacts. No report of suspected emotional maltreatment is indicated in such instances--unless those parents fail to follow through on their agreement to get help.

In summary, then, identification of emotional maltreatment is indicated when a child is showing substantial impairment of emotional or intellectual capacity, and the parents/caretakers appear to show an inability or unwillingness to get help for the child when such help is offered.

Neglect

Unlike physical abuse, neglect may not produce visible signs and occurs over a period of time rather than at a specific moment. Neglect is the chronic withholding of necessary physical and emotional support for a child. It is determined by a pattern of inadequate and/or dangerous child rearing practices. Both adequate and neglectful child rearing are socially defined terms. The dividing line between them may differ from one community to another and may change with time. In general, it can be said that neglect is seen by society as a deviant form of child rearing which is unacceptable and harmful to a child, in contrast with those forms of parenting that are deemed growth-promoting and acceptable. In determining if inadequate parenting is indeed neglect, it is necessary to consider the following variables:

- Whether the inadequate parenting manifests itself in physical and/or psychological harm to the child;
- Whether it represents an intentional act or acts by parents and/or caretakers against the child; and
- Whether parents, other caretakers, or the community can be held responsible for causing neglect.

Neglect has been viewed as rooted in both cultural and familial inadequacy perpetuated by tradition, ignorance, and the cycle of poverty. There are couples who seem to lack meaningful standards for how their children should be treated. And their histories, when known, often reveal that they, themselves, were reared in similarly child-anomic families. The cycle of inadequate parenting is further perpetuated by an impoverished environment and the subsequent lack of societal intervention. Growing up in neglectful environments leaves youngsters with values--indeed with character structures--less useful for competing in our social order. When those children, in turn, become parents, they are ill equipped to provide materially for their children; they are also ill equipped to help their children realize their full potential. Some experts have the impression that there is more neglect in middle class families from affluent suburbs now than in previous years. Children are left alone at relatively young ages while their parents go out of town; many are left unsupervised for long periods; others turn up at school unkempt or inappropriately dressed for the weather. Often, such instances are associated with parental alcoholism, but sometimes they reflect a more pervasive trend to abdicate parental responsibility in favor of personal gratification. A parent can be considered neglectful when (s)he fails to meet the essential needs of a child. These include the needs for nutrition, shelter, protection, health care, as well as those for emotional, intellectual, and moral guidance. The Child Protective Service in Arlington County, Virginia, has compiled a comprehensive list of possible indicators for child neglect:

- Food
  - Child is malnourished and emaciated.
  - As punishment, parent withholds food.
  - Meals are haphazard (inconsistent, inadequate).

- Clothing
  - Child is exposed to elements due to improper clothing, shoes, etc.
  - Clothing is dirty, smelly, ragged, and in general disrepair.
  - Child wears inappropriate clothing, which usually results in harassment from child's peers.

- Shelter/sleeping arrangements
  - Living conditions are filthy (e.g., garbage and dirt strewn about house, floors and walls smeared with feces, urine smell permeates house, vermin in house).
  - Home exhibits hazardous conditions for children (e.g., broken stairs, broken windows).
  - Sleeping arrangements are make-shift.
  - Home condition is total chaos, shows no evidence of routine housekeeping.
  - Home is overcrowded.
  - Poor lighting, poor ventilation, and fire hazards exist.
  - Poor sanitation as result of inadequate or unrepaired plumbing exists.
  - Bedding and chairs are soiled.

- Supervision
  - Child is abandoned.
  - Parent or caretaker suffers from alcoholism, criminal activity, drug addiction, or severe mental illness.
  - Child is shuffled from one caretaker to another.
  - Child under eight is left alone over extended period of time on a regular basis.
  - Child is locked out of house.
  - Child under eight is expected to care for younger siblings.

- Medical/health
  - Parent does not provide necessary immunizations.
  - Child suffers chronic or acute illness and lacks essential medical care.
  - Child shows severe dental neglect.
  - Child does not receive necessary prosthetics (e.g., hearing aid, glasses).
  - Parent fails to carry out prescribed medical care, including psychiatric care.
  - Parent fails to provide medical attention to child who is accidentally injured.
  - Extensive diaper rash is unattended.
  - Child's body and hair are dirty.
  - Parent is ignorant of child rearing practices.

- School
  - Child is deprived of school to stay home to help parents and/or care for siblings.

- Child does not attend school regularly due to fault of parents.
- Parent does not cooperate with the school in providing remedial assistance to child.

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BEHAVIORAL INDICATORS OF ABUSED AND NEGLECTED CHILDREN

Children who are abused physically or emotionally display certain types of behavior. Many of these are common to all children at one time or another, but when they are present in sufficient number and strength to characterize a child's overall manner, they may indicate abuse. More than simple reactions to abuse itself, these behaviors reflect the child's response to the disturbed dynamics of the family, and especially to parent-child interactions. They are mechanisms for survival in a world where a child is either unable to fulfill certain basic needs at all, or can fulfill them only by denying or suppressing important parts of him/herself. Frequently learned in infancy, these behaviors become a child's "mode of operation" used to cope with the world at large. The behaviors that characterize abused children fall into four categories:

1. Overly compliant, passive, undemanding behaviors aimed at maintaining a low profile, avoiding any possible confrontation with a parent that could lead to abuse.

2. Extremely aggressive, demanding, and rageful behaviors, caused by the child's repeated frustrations at getting basic needs met.

3. Overly adaptive behavior in response to unresolved needs of the parent.

4. Lagging development, resulting when children are forced to siphon off energy normally channeled toward growth into protecting themselves from abusive parents.

Abused children often live in an uncertain environment where requirements for behavior are inconsistent and unclear. Discipline may be meted out only in response to the parent's needs and feelings at the moment rather than on a consistent basis to establish clear limits for behavioral expectations. Consequently, the child is confused as to which behaviors will bring love and approval and which will meet with rejection and punishment. This uncertainty makes it difficult for a child to define a role in the family and adjust his/her behavior to satisfy his/her needs.

Without consistency, security, and support from his/her parents, a child will have difficulty structuring the environment and trusting those who inhabit it. This lack of trust may extend from the parent to all adult figures and impair the child's ability to relate to others. The child's fear and frustration may be expressed in either extreme, passivity or overt aggression, in social situations. Abused children who display more aggressive behavior are likely to be indiscriminately friendly, attaching themselves to any stranger in a search for someone to fulfill their needs. On the other hand, abused children who tend to be passive in their response tend to be inhibited, withdrawn, and wary of contact with strangers.

The lack of trust in the environment may also cause the abused child to avoid exploring new areas and learning about the world. Fearful of the safety of the surroundings and unsure of his/her own abilities, the abused child may not display the natural curiosity inherent in young learners. As a result of this withdrawal, learning may be slow and varying degrees of lags in development may result.

The abused child learns to deny his/her own needs if their expression has led to previous abusive incidents. For self protection, the child focuses instead on the needs of the parents. Abused children often read and adapt quickly to adult moods and appear to be "miniature adults" themselves in their skills of compliance and self control. Although abused children have many needs, they will not express them because they have few expectations that these needs will be met. However, in a safe alternative environment, where the child perceives that it is acceptable to express needs, they will do so. Efforts always to "do the right thing" may disappear and be replaced by the expression of seemingly insatiable demands.

In addition to being skilled observers of children, teachers need to be aware of what parents may do to indicate problems at home:

- Show little concern for their child's problems.
- Do not respond to the teacher's inquiries and are never present for the teacher's visits or for parent's nights.
- Take an unusual amount of time to seek health care for the child.
- Do not adequately explain an injury.
- Give different explanations for the same injury.

- Continue to complain about irrelevant problems unrelated to the injury.
- Suggest that the cause of an injury can be attributed to a third party.
- Are reluctant to share information about the child.
- Respond inappropriately to the seriousness of the problem.
- Cannot be found.
- Are using alcohol or drugs.
- Have no friends, neighbors, or relatives to turn to in crisis.
- Have unrealistic expectations for the child.
- Are very strict disciplinarians.
- Were themselves abused, neglected, or deprived as children.
- Have taken the child to different doctors, clinics, or hospitals for past injuries (often called "doctor shopping" or "hospital shopping").
- Show signs of loss of control or a fear of losing control.
- Are usually antagonistic and hostile when talking about the child's health problems.

Because the dynamics of abusive families vary, along with the individual personalities of the parents and children, an abused child's behavior is often sporadic and unpredictable. Consequently, the following chart of behavioral and physical indicators is useful only as a general guide. (Broadhurst, 1979) However, it may be helpful for teachers to be aware of these behavior patterns that may indicate maltreatment from an abusive home enviornment.

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PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

Type of CA/N	Physical indicators	Behavioral indicators
PHYSICAL ABUSE	Unexplained or recurrent bruises and welts: - on face, lips, mouth - on torso, back, buttocks, thighs - in various stages of healing - clustered, forming regular or unusual patterns (nail scratches, bite marks) - reflecting shape of article used to inflict (electric cord, belt buckle, hand) - on several different surface areas - regularly appear after absence, weekend, or vacation Unexplained burns: - cigar or cigarette burns, especially on soles, palms, back, or buttocks - immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia) - patterned like electric burner, iron, etc. - rope burns on arms, legs, neck, or torso Unexplained fractures, sprains, dislocations: - restricted range of motion - to skull, nose, facial structure - in various stages of healing - multiple or spiral fractures Recurrent vomiting, limping, protection of body part Unexplained lacerations or abrasions: - to mouth, lips, gums, eyes - to external genitalia - missing teeth	Wary of adult contacts Apprehensive when other children cry Behavioral extremes: - agressiveness, or - withdrawal (avoidance of social interaction) Frequent and severe mood swings Frightened of parents Avoids home (consistently arrives at school early or leaves late) Reports injury by parent Constantly alert to danger Assumption of parental role toward abusive parent Cries easily and often

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT (Cont'd.)

Type of CA/N	Physical indicators	Behavioral indicators
PHYSICAL NEGLECT	Consistent hunger, poor hygiene, inappropriate dress Consistent lack of supervision, especially in dangerous activities or for long periods Constant fatigue or listlessness Unattended physical problems or medical needs Abandonment	Begging, stealing food Extended stays at school (early arrival and late departure) Constantly falling asleep in class Alcohol or drug abuse Delinquency (e.g., thefts) States there is no caretaker Constantly hungry
SEXUAL ABUSE	Difficulty in walking or sitting Torn, stained, or bloody underclothing Pain or itching in genital area Lacerations, bruises, or bleeding in external genitalia, vaginal, or anal area Veneral disease, especially in preteens Pregnancy Semen around the genitals or on clothing	Unwilling to change for gym or participate in physical activity Withdrawal, fantasy, or infantile behavior Bizarre, sophisticated, or unusual sexual behavior or knowledge Poor peer relationships Delinquent or runaway Makes indirect allusions to or reports sexual assault by caretaker

PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT (Cont'd.)

Type of CA/N	Physical indicators	Behavioral indicators
EMOTIONAL MAL-TREATMENT	Habit disorders (sucking, biting, rocking) Conduct disorders (hyper- or hypoactivity, antisocial, destructive) Neurotic traits (sleep disorders, speech, enuresis disorders, inhibition of play) Psychoneurotic reactions (hysteria, obsession, depression, compulsion, phobias, hypochondria) Underdeveloped physically, emotionally, or intellectually Physical manifestations of nervous disorders (overweight, skin rashes)	Low self esteem Behavior extremes: - compliant, passive, or - agressive, demanding, disruptive Overly adaptive behavior: - inappropriately adult - inappropriately infant Developmental lags (physical, mental, emotional) Hungry for affection Attempted suicide Excessive temper tantrums

THE ETIOLOGY OF CHILD ABUSE

The etiology of child abuse lies not in the individual parent but in the total system of the family and environment. The initial tendency to focus blame on the parent alone simplifies the dynamics involved and limits the potential scope of treatment. Rita and Blair Justice (1976, p. 11) see child abuse and neglect as a dysfunctioning series of interrelated systems:

> Child abuse requires a systems approach for several reasons: (1) The entire family is involved, not just a mother, father, or some other caretaker who deliberately injures a child. The father, mother, child--and the environment--all play a part. The interlocking symbiosis that develops between spouses and between spouses and child can be understood and broken up only through systems approach. (2) On the community level, any effort at primary prevention will succeed only if the different parts that make up the system of host, agent, environment, and vector are properly identified. No family exists in a vacuum.

> Environmental stresses as well as the community's support networks must be considered. (3) On the societal level, attempts to prevent and alleviate child abuse by concentrating on individual families or their environments is doomed to failure unless it is recognized that family, environment, and society are all part of a single system and that what affects one will affect another. As long as violence is a major motif of society, some authorities contend that violence will inevitably occur in the home.

There have been numerous attempts to define the variables within the subsystem of the family which make certain families more susceptible to abuse and neglect than others. In identifying common traits among abusing families, characteristics of the child, the parent, family structure, environment, and the precipitating situation are assessed. However, even with the identification of commonalities, there are no conclusive indicators that always result in abuse. In actuality, few relationships discriminate between abusing and nonabusing families--a testimony that abuse can occur in any family.

The Child

Although some children are maltreated without reason, others singled out as "victims" of abuse are not always chance participants in the event. For some reason, the parent has singled out a certain child as the receiver of parental frustration, anger, or hate. The child may be viewed by the parents as different--handicapped, sick, slow, or unattractive. Or the child may disappoint the parents by being less than the projected perfect son or daughter. Children requiring additional care or attention from the parents because of disabilities, health, or emotional reasons may be more susceptible to expressions of parental frustration. Sometimes the parents see in one particular child traits that remind them of someone they dislike, or the child's behavior may draw the parents' focus to that child and establish him/her in the scapegoat role. The child's actions in the precipitating event prior to abuse can be the triggering mechanism that unleashes parental frustration. Crying, complaining, temper tantrums, or defiance can be the last straw for the tired, angry parent. The fact that abuse is often repeated with the same child rather than with other siblings lends support to the current theory that the child may serve in an instrumental role in the abusive system.

The Parents

Child abuse and neglect may be a symptom of inadequate parenting skills. In addition, abusive parents have been seen as having inadequate life skills. They may lack the abilities necessary to provide emotionally for themselves. They have not learned to identify and obtain the emotional support they need from others. Nor have they learned how to cope with the anger, fear, and frustration they feel in relation to these unmet needs. As a result, they experience a severe lack of self esteem or sense of self worth. This negative self image often leads to perceptions of themselves as insignificant, unappreciated, and unwanted.

Low self esteem may lead to low expectations. Abusive parents are likely to expect rejection. They create a vicious cycle in which their negative self image may lead to behavior that denies satisfying or fulfilling relationships with others. Some of these behaviors focus on avoiding social interactions as a method of avoiding rejection and failure. Other, more aggressive or more offensive behaviors may actually provoke rejection.

Many abusive parents were significantly and consistently deprived of emotional support as children. They were unable to depend consistently on the adults in their lives for love, physical care, or emotional support. The abusive parent's own needs to be parented were essentially unsatisfied. These unmet needs often carry over into adulthood and shape relations with family and friends and, especially, with children. In addition, many abusive parents themselves were physically or sexually abused as children. They tend to accept exteme forms of physical punishment as normal aspects of parent-child interactions.

Abusive parents often expect very little from others in the way of friendship or support. They may avoid rejection and anger by breaking off close personal relationships. They avoid committing themselves to caring relationships with neighbors, friends, and even family. They are often afraid to reach out to make contact. If both parents have a sense of personal isolation, the problem is compounded. The family may be cut off from all outside sources of support and may have only family members to turn to to fill their needs. This internal dependency exerts added pressures on the family unit. With outside lifelines cut off, the abusive parent has nowhere to turn during periods of heightened stress. Often, it is during these periods that the potential abuser becomes the actual abuser.

The Family Structure

Unfortunately, the lack of support systems may add to existing marital problems which involve the child in their expression. Mutual abuse of a child may represent the only common ground between parents. Regardless of the dynamics, the child becomes a conduit for indirect, often angry, communications between two frustrated adults. If physical violence is part of parental interaction, this violence is likely to extend to the child. A pattern is established in which frustrations are dealt with physically and restraint of impulses to physically violent behavior is diminished by all family interactions. If the marriage or relationship dissolves, the child is often involved in the residual anger and frustration. The child may be ignored or abandoned because he/she is a painful reminder of marital dissatisfaction. If the child reminds one parent of the other, he/she may become the target of displaced anger.

The abused child may fill one of many roles in the family and in the parent's life. He/she may represent an attempt on the parent's part to fulfill needs for love, acceptance, and dependence. This situation constitutes a type of role reversal in which the child becomes the nurturer of the parent, the life-giver. When the child is unable to fulfill the parent's emotional needs, the resulting frustration and disappointment can lead to abuse.

The child also may be perceived by the parents as an extension of self. The parents' lack of self esteem and negative self image may be projected onto the child, who then becomes a scapegoat and is made to pay for the parents' sense of inadequacy and failure.

The special child--one who is mentally, physically, or developmentally handicapped and may have special needs or require extra parental attention--may provoke feelings of resentment in the parent. In these cases, parent-child bonds may be too weak to protect the child from parental frustration and anger. In addition, these children may react to abusive dynamics in the family by developing personality or behavior traits that are unattractive. These traits may actually heighten the likelihood of abuse and place these children in constant danger. In addition, parents may have unrealistic expectations of a child's developmental abilities. They may be unfamiliar with what a child can be expected to do at a certain age. Punishment is meted out when a child fails to meet inappropriate expectations. In other cases, performance or developmental standards may reflect parental attempts to control the child. The parent may be acting out a need for dominance by demanding high levels of performance from a child. When the child fails to perform at these levels, the parent's frustration results in abuse.

The other children in the family may or may not be involved in the abusive dynamics within the family system. Often only one child is singled out as a scapegoat and is targeted for abuse. However, it may be that siblings are also abused. Situations of chronic neglect usually extend their influence to all the children within the family. In some family systems, siblings may even be supporting or provoking the abuse of the target child. By focusing on the child as different or incompetent, blaming him/her for misdeeds, or isolating him/her from family interaction, siblings can accentuate the position of the child singled out by the parents. Abuse does not always occur within a confined parent-child dyad. All family members are affected and must react to the chronic dynamics involved as well as to the catastrophic event. Consequently, to understand the causes of a single abusive incident, it is necessary to look at the dynamics at work within the entire family system.

The Environment

In addition to weaknesses from individuals and internal structure, families break down when confronted by environmental and culturally produced barriers. Unemployment, poverty, poor housing, powerlessness, urban pressures, and job frustrations produce stress variables that are beyond the control of many parents. Polansky, Hally, and Polansky (1975, p. 11) feel that neglect is largely a response to social stress:

> More often than not, the neglectful mother has no husband, is living on a marginal income and in substandard housing, and is responsible for the care of an atypically large family of children. This is a fair statement of the point of view that neglectful parents are, themselves, victims of misfortune. Poverty is, of course, a predominant form of stress, and the failure to provide adequate economic underpinnings for each family rests, in large measure, on an increasingly inadequate system.

Another cultural influence lending to child abuse and neglect is the weakening of the family institution and the idea that the nuclear family is collapsing under a load it was not designed to carry. Rapid social change in parenting roles, mobility, and family independence has increased the vulnerability of the family unit. The nuclear family can no longer take refuge within the extended family, the neighborhood, or the community for support. Consequently, families are forced to turn inward and cope with their problems in isolation.

Cultural attitudes toward child rearing also affect family relationships. Child rearing skills are acquired by observing family, social, and cultural role models. Various cultures and subcultures have a variety of child rearing patterns and methods of punishment that are considered appropriate for unacceptable behavior. These methods may be passed from generation to generation, even after they become unacceptable by societal standards. In some cases, these punishment practices can result in injuries or conditions that are considered abusive by society, even though the subculture or family consider them normal child rearing practices.

Values and beliefs of the community and the culture have an effect on how parents see themselves and their children. In most cases these beliefs are so ingrained that they are never examined or questioned, but are merely accepted. Some of these assumptions that create hazardous conditions for children are those that state that parents own children as chattel and, therefore, may do anything they want with them, that adults should rule and children must do instantly what is expected of them (even if it is not stated overtly), and that children need physical punishment to develop "discipline" and respect for authority.

The community, and especially the media, creates expectations of what children "should" be like. If a child conforms to these expectations there may be no problem; if not, (s)he is likely to be labeled a "bad kid." Some of these expectations and images are physical, such as the familiar "Gerber baby" who is always smiling and gurgling pleasantly, never squalling or spitting up, never dirty or disagreeable. Others are more behavioral, such as the belief that children exist to gratify their parents, implying that they should react appropriately to nurturance and develop in ways the parent approves of.

The child who fails to live up to these expectations--unrealistic as they may be--may be seen by the parents as "strange," "difficult," "a problem," or simply as a "rotten kid." This sort of judgment has the effect of not only straining relations between child and parent, but also providing a justification for abuse or neglect. For example, the parents might see the child as impossible to care for and use this view to justify severe neglect. Or a particularly rigid parent might see evidence of "evil" in the child and justify extreme punishment by reasoning that it is for the child's own good.

Community values and expectations also fall on the parents. As mentioned earlier, the male who cannot provide for his family is often under stress from role failure, but a woman may experience dissonance even within her role as mother. Although "motherhood" is supposed to rank with home and apple pie as a cornerstone of the Republic, the uses of such phrases as "doesn't work," "only a housewife," and "tied to the kids all day" give a more realistic and personal picture of the community's view of a woman who spends all or most of her time caring for her own children. Her realization that what she does--perhaps all she knows how to do--commands so little respect from the community can certainly affect her evaluation of herself and children.

The media are particularly influential in establishing community norms and expectations. As mentioned earlier, media images of children are overwhelmingly positive and pleasant and may be a stark contrast to the realities parents face. The parents' uneasiness in their roles as caretakers may be increased by media representations of parents themselves--pleasant, all-knowing people who rarely, if ever, need to resort to raising their voices at their children, let alone striking them. When a parent compares his/her own behavior to that of these one-dimensional stereotypes, (s)he is almost sure to seem inferior and a "bad parent," thus adding one more stress.

A final significant cultural value, and one which the media play a great part in perpetuating, is our society's acceptance of violence. Violence is seen as a viable means for removing an obstacle or competitor and for ensuring that one gets one's way. Americans begin their immersion in violence at an early age, with exposure to television, films, and contact sports. The nightly news delivers a heavy dose of crimes against persons, of wars and atrocious killings in the name of various causes.

Violence toward children, however, is not a recent development that can be blamed on television violence. Historical records make it clear that as long as adults have cared for children, some have mistreated their offspring. Corporal punishment is a tradition, sanctioned by history, personal experience, and even religion.

Society produces constant stress, but the fact that many families cope and do not abuse or neglect their children suggests that stress is a secondary contributor to child maltreatment. Acute, stress-provoking situations, on the other hand, are almost always present in a family manifesting abuse and neglect. The event that triggers the abusive incident is usually a crisis which the parents are unable to cope with independently. This precipitating crisis may take the form of loss of employment, change in financial status, arrest, argument with spouse, sickness, or the breakdown of the washing machine.

According to Rita and Blair Justice (1976), the critical element that results in abuse is change. The suddenness of change and its unpredictability is what throws parents off balance and weakens their self control:

> It became evident that the abusing parents had undergone too much change too fast. They had either experienced many more changes or had undergone more serious changes than the nonabusers. The number and magnitude of the changes they had to adjust to constituted a "life crisis," which preceded the

> onset of abuse. The nonabusing parents had not experienced a life crisis and had not been exposed to an excessive number of changes. (p. 26)

Inability to cope with stress and change, then, are major weaknesses in the functioning of abusive family systems. With the multifactored approach to abuse and neglect, strengthening these areas entails working with the interactions of all family members as well as the environment in a total systems approach. Some possible indicators of high risk families are:

- Child is described as different (handicapped, always sick, unattractive, "bad," slow, etc.) and is made a scapegoat.
- Parent feels alone (feels no relief or support and at end of rope, cannot tolerate children's behavior any more, fears loss of control).
- Parent shows distress in actions and/or reactions that are out of proportion to the child's behavior (e.g., locking active child in room, screaming at child inappropriately).
- Parent shows no response or extreme irritation toward child (e.g., child crying in background, mother feels she can't respond or cope).
- Parent holds unrealistic expectations for child (child is supposed to be mature beyond years, to look to parents' rather than own needs).
- Child's behavior reveals visible symptoms stemming from emotional neglect (e.g., fire-setting, skin disorders caused by nerves, psychosomatic complaints, overeating, suicide attempts, stuttering, enuresis, school phobia).
- Child is overindulged or overprotected.
- Unusual circumstances surround child's birth (e.g., premature, illegitimate, born to fill parents' needs, named after or looks like disliked relative or parent, mother denies pregnancy, child is result of incest or rape).
- Parent fails to consider child an individual having unique needs and fails to give constructive discipline for child's proper development.
- Parent previously has demonstrated inability to care for children (e.g., placed in foster care) and needs intervention before serious problems arise with younger children.
- Child has handicapping condition marking him/her "different" from other children and requiring additional care or services.
- Parents are young and/or uniformed about child rearing principles.
- Parents deny pregnancy by avoiding prenatal care.
- Parents agree to give baby up for adoption, but change minds after baby is born.
- Parents are addicted to drugs or alcohol, have recently been abandoned by spouse, have previously injured another child, or have a criminal record of assault.
- Child is difficult or frustrating to care for because of ill health, personality, delinquent behavior, or learning problems.

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WE CAN HELP

Session 3

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- 7 Worksheets (pages 3-10)
- Resource Materials (pages 11-24)

THE COUNCIL FOR EXCEPTIONAL CHILDREN

EC 120694

COMMUNITY RESPONSE PROCESS

RECOGNITION

↓ IDENTIFYING THE PROBLEM

REPORTING

↓ MAKING THE PROBLEM KNOWN

INVESTIGATION

↓ FACT FINDING/VERIFYING THE PROBLEM

CASE PLANNING

↓ ACTION PLANNING TO DEAL WITH THE PROBLEM

CASE MANAGEMENT

ACTION TAKING TO COORDINATE SERVICES AND EVALUATE PROGRESS

SAMPLE REPORT FORM

U S SCHOOL DISTRICT

Report of Suspected child abuse and neglect

Original to: Child Protective Services (CPS)
Copies to: Pupil Services Center, Area Superintendent, Principal's file

From: ______________________ Title: ______________________

School: ______________________ Address: ____________ Phone: __________

Date/time oral report to CPS: _______ To whom reported: ______________

Name of minor: __________ Birthdate: ______ Address: _______ Phone: __________

Father: ______________ Address: ______________________ Phone: __________

Mother: ______________ Address: ______________________ Phone: __________

Guardian/Steparent: ______________ Address: ____________ Phone: __________

Nature and extent of the current injury of the minor; circumstances leading to the suspicion that the child is a victim of abuse/neglect/molestation:

____

____

____

Information concerning previous injury or conditions of neglect to this child or other children in this family, including previous action taken, if any:

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____

____

Follow up by Child Protective Services: (CPS to complete and return copy to principal)

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REPORTING EXERCISE

CASE STUDY

Sally Morris is a third grader at Hillcrest Elementary School in a fairly affluent community. She has come to school with a particularly ugly burn over most of her right forearm. This is not the first strange injury Sally has exhibited. Earlier, when Sally had been sent to the school nurse because she had wet her pants, the nurse noted numerous bruises and criss-cross marks on Sally's buttocks.

Sally's teacher, Mrs. Mosely, is very concerned about the child's injury and behavior. Her school performance is affected by severe learning problems, and despite her small size she always seems to want more food than the school lunch provides. There also seems to be some skin disorder that might be the result of poor hygiene. A letter was sent to her parents about this condition, but there was no reply.

Mrs. Mosely interviewed Sally about the burns after school. Sally seemed timid and afraid. She said she spilled something on herself, causing the burn. She did say that her mother spanked her with a "big stick" when she was bad. It was not possible to discern how frequently she was punished in this manner. Sally did say she loved her mother and father very much.

Mrs. Mosely ended the interview by telling Sally she would have to tell someone who could help about the burns. She also said that this "helping person" would be visiting her parents at home. Because the formal reporting procedure required the school prinicipal to make the official contact, Mrs. Mosely told Mr. Allen of her concern and asked him to call Protective Services and file a suspected child abuse report.

REPORTING NOTES (Role of Principal, Mr./Ms. Allen):

(After reporting practice, participants may take a few minutes to discuss the consequences of acting or not acting in this particular case.)

COMMUNICATIONS EXERCISE ONE*

TEACHER ROLE

You are Robbie's teacher, Mr./Ms. Long. You are concerned because Robbie's frequent absences are interfering with his learning. When you talked with the school nurse she seemed to feel that the mother's explanations of his illnesses were satisfactory. However, when you presented Robbie's problem at the school team meeting, the public health nurse shared with you Robbie's family situation. This afternoon you are having a conference with one of Robbie's parents (Mr./Mrs. Miller). This meeting was scheduled as a mid-year report to parents in order to discuss their child's progress.

In preparation for this conference with Robbie's mother/father, reflect on the tension and distress that are building in this family. Identify approaches you will use to respond to this parent. Robbie's problem needs to be explored from two perspectives: home and school. Support services can be offered. Identify helping behaviors that:

1. ATTEND to the parent.
2. RESPOND to his/her concerns.
3. EXPLORE the child's problem from the parent's viewpoint.
4. PERSONALIZE parent ownership of the problem.
5. UNDERSTAND the difficulties in dealing with the problem.
6. PLAN a way to work together and suggest other alternatives for assistance.

*To be used with the film "Ordinary People."

COMMUNICATIONS EXERCISE ONE*

PARENT ROLE

You are Jeff or Rita Miller in the film. Robbie's teacher, Mr./Ms. Long, has requested a meeting with you this afternoon. The teacher explained that parents are asked to attend a mid-year conference to discuss their child's school progress. You know that Robbie is having problems with reading, and he often tells you he feels too sick to attend class. This meeting represents another burden, but you want some help with Robbie.

In preparation for this conference with Robbie's teacher, reflect on the recent events that have occurred in your family and how they have affected Robbie. Identify responses you will give when the teacher wants to know why Robbie has missed so much school. During the course of the meeting, share information as you begin to trust Mr./Ms. Long.

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*To be used with the film "Ordinary People."

COMMUNICATIONS OBSERVER GUIDE

Instructions:

- Do not enter into the interaction.
- Check specific teacher behaviors each time they occur.
- Jot down examples of communication (direct quotes or body language).
- At the end of the process share your information as factually as possible.

Helping skills (possible behaviors)	Times expressed	Examples
ATTENDING: body leaning, eyeing, observing needs, silent listening.		
RESPONDING: reflective listening, recalling, informing.		
EXPLORING: questioning, probing, identifying feelings, dealing with emotional reactions.		
PERSONALIZING: identifying meaning for self, owning the problem, willingness to work on it.		
UNDERSTANDING: seeking more information, clarifying, analyzing, defining, affirming.		
PLANNING: setting goals, specifying activities, suggesting alternatives, providing ongoing support.		

COMMUNICATIONS EXERCISE TWO

PARENT ROLE
(Father role can be adapted)

You are Mrs. Morris, the mother of Sally, who is a third grader at Hillcrest Elementary School. Yesterday you were visited by a Protective Services worker who told you that Sally's teacher was very concerned about the burns on Sally's arm. You said it was an accident because you forgot to cool the hot water in the shower. Later you found out Sally had told Mrs. Mosely that she had spilled something on her arm. You did admit to the social services worker that you spanked all three of your children when they didn't behave. You became defensive when asked if you used an instrument and admitted you did if necessary.

You have been under pressure lately. Your mother, who has a serious kidney disease, has come to live with you and makes constant remarks about your poor housekeeping. You have been receiving very little support from your husband, who has been traveling extensively in connection with his work. This makes you very angry and you take it out on the children. Even though you did hurt Sally, you are going to prove the teacher is wrong. In order to save face with your husband, you have called the principal and told him/her that you are coming to school to transfer Sally to another class. Your husband is going to hire an attorney to bring suit against Mrs. Mosely and the school district. You are very angry because the Protective Services worker is planning a followup visit.

In preparation for this role play consider the emotional dilemma Mrs. Morris is experiencing. Identify where her intense feelings are coming from in terms of stress. Prepare an argument that will convince the principal that Sally must be transferred to another class. Respond to suggestions for help when your anger has been vented and the principal shows some understanding of your problem.

COMMUNICATIONS EXERCISE TWO

EDUCATOR ROLE

You are Mr./Ms. Allen, the principal who filed a report about Sally Morris to Protective Services 2 days ago. You have just received an irate phone call from Mrs. Morris. She was nearly hysterical with anger when telling you she was on her way to school to see you about moving Sally to another class. She also said Mr. Morris was going to hire an attorney to file a law suit against Mrs. Mosely and the school district for slander. Before she slammed down the phone, she announced she would be in your office in an hour.

In preparation for this meeting with Mrs. Morris, reflect on the ways you might deal with her anger. Consider your own feelings about the case and how you can best function in a helping role with regard to both Sally and her parents. Identify helping skills you will use when she confronts you.

RESOURCE MATERIALS
SESSION 3

THE INTERVENTION PROCESS

The overall process of intervening in abusive and neglectful families involves four phases: identification, reporting, investigation, and case planning/management. Ideally, the many agencies and professionals servicing this process assist and complement each other so that all abused and neglected children and their families are quickly identified, properly investigated and evaluated, and effectively provided with appropriate social and protective services. The educator has responsibilities throughout this process of community response. Having daily contact with a large number of children, the educator is a primary identifier of children in need. This role automatically extends to the responsibility of reporting suspected abuse and neglect to the proper agency, providing information to the social service worker for investigation, and cooperating with the multidisciplinary team in treatment intervention.

Talking with the Child

Before making an official report of a suspected child abuse and neglect case, an educator should first gather as much information as possible and analyze it to determine if a report is called for. It may be helpful to have an informal discussion with the child to gain a further understanding of the child's situation and reactions. More importantly, the educator needs to talk with the child to determine any special needs that can be addressed immediately within the school environment. Talking with the child about suspected maltreatment requires sensitivity and skill. The educator should be aware of the skills needed and plan the interview before approaching the child. The first purpose of the discussion with the child is to gather information on the circumstances surrounding a child's strange behavior or unusual physical condition in order to decide whether to report the suspected abuse or neglect. The educator should keep in mind that his/her role is not to be a therapist to abused or neglected children, although (s)he may provide guidance and support to the child. During fact-gathering the educator should not feel responsible for resolving all questions regarding the child's condition and its causes, but should remember that doubts should always be resolved in favor of the child's safety. Although the primary purpose of the interview is to get factual information, the educator is in a position to convey a concern or a willingness to help. Whether or not the interview results in an official report of suspected child abuse and neglect, it may provide a much needed support to a troubled child.

The educator should keep in mind the following special points regarding discussions with children:

- The educator is an authority figure to the children interviewed. Children may be afraid of the interview, afraid that the educator will disapprove or punish them for what they say.

- The child may be afraid of betraying parents because of fear of losing the parents' love or receiving further punishment from them.
- The child may not view him/herself as abused or neglected. Because the child's experience is limited, he/she may not know that parents are offering inadequate care, excessive discipline, or dangerous sexual behavior.
- The younger the child, the less likely he/she will have the vocabulary or consciousness to express what is happening to him/her.
- Although children may be afraid of talking to school officials, they may also want to confide in them and describe what is happening. Children also see educators as alternative adult role models whom they can trust.

In planning the interview, the educator must decide what specific information is wanted and what issues need to be discussed. Questions should be based on specific objectives and developed in such a way that they can be answered successfully by the child. In initiating the discussion, be honest. State what you have observed and what you are concerned about. Reassure the child that your concern is sincere and you wish to help. It may also be helpful to reassure the child that he/she is not in trouble, has done nothing wrong. Children often feel, or are told, that they are to blame for their own maltreatment and for bringing "trouble" to the family. Therefore, it is important to reassure the child that he/she is not at fault. Some other points to remember in exploring the problem are:

- Listen and absorb. A child may be trying to tell you something and say it as part of other information.
- Don't enter the interview with a preconception of the problem. Allow the child to give the data. Don't put words in the child's mouth.
- Respect silence. Most interviewers find silence difficult, but respect for a short silence is more beneficial than many words from the child.

The interview can also provide an opportunity for the educator and child to explore together what can be done by the school staff to help the child. Assessing the child's needs together can aid the development of an effective educational program for the child. This exploration can extend beyond the child's academic program to his/her social, recreational, and extracurricular needs.

At the end of the interview, the child needs to be reassured that what was said in the interview is in confidence. If it is going to be necessary to reveal to someone else some of what the child has said, this should be made clear. The child should be reassured that only essential information will be shared with appropriate authorities and that other teachers and the child's classmates will not be told about what has happened. The child should also be informed as to what action will be taken. If a report is made, explain what a report is, why it is being filed, and what will happen as a result of this action. It is important to assure the child of support and assistance throughout the process, and the educator should follow through on the assurances. Under no circumstances should the child be asked to conceal from the parents that an interview has taken place or that further action is contemplated. Again, reassure the child that you are intervening to try to improve the situation on his/her behalf.

After the interview, record the information learned from the interview as soon as possible. It may be helpful in deciding how to proceed and in the latter tasks of investigation and treatment planning.

Educators should not need to be reminded to follow through on agreements made with the child during the interview. This is most important in maintaining the child's trust and is essential for the continuation of a positive, open relationship.

Talking with the Parent(s)

It is recommended (Broadhurst, 1979), although not required, that the educator talk with the parents before making a report. This does not mean investigating or probing for evidence to substantiate a suspicion. An informal discussion with parents can give the educator a further understanding of the child's home situation. The parents' attitude toward the child most likely will be revealed. Other stress situations or frustrations currently affecting the parent may or may not be revealed. However, a general picture of the parents' feelings and reactions may help the educator assess his/her suspicions of possible maltreatment and come to a decision regarding reporting. It will also help him/her understand and assess any special needs the child may have.

There are several instances when educators may wish to communicate with parents about suspected child abuse and neglect. Communication might be initiated in order to get to know the family situation better. Or parents may be contacted to inform them that the school has made a report of suspected child abuse and neglect. It is never appropriate for an educator to contact a parent to "prove" a case or demand an explanation.

Thought should be given to the most appropriate person(s) to meet with the parents--the classroom teacher, the principal, a pupil services staff member, or a combination of teacher-administrator or teacher-counselor.

Parents may be frightened, apprehensive, fearful, or angry at the prospect of talking with the school about an injured or neglected child It is important to make the parents as comfortable as possible. The interview should be conducted in private, and the parents should be told at the beginning why the interview is taking place. If any action has occurred or will occur in the near future (a report of suspected child abuse and neglect filed, for example), the parents should be told and the legal authority for the action made clear.

The educator should be professional, direct, and honest with the parents. If parents offer explanations, the educator should be sympathetic and, most importantly, should never display anger, repugnance, or horror.

Parents should be assured of the confidentiality of the interview; if some content of the discussion must be revealed to a third party, that should be made clear. The educator should avoid prying into matters extraneous to the subject of the interview and should never betray the child's confidence to the parents. Parents should be assured of the school's support for them and its continuing interest in the child. It is important not to alienate the family. Regardless of the outcome of the current situation, the school is likely to continue serving the family, perhaps for many years to come. Whether interviewing parent or child, the educator should keep in mind that situations that appear to be child abuse and neglect may turn out to be something else. Therefore, it is best to adhere to facts and avoid making judgments or accusations.

Occasionally an angry parent will come to school demanding to know why someone is "telling me how to raise my children." This is likely to happen particularly when the school has not informed the parent that it has filed a report of suspected child abuse and neglect. Parents have the right to know that a report has been made. They often feel betrayed, or have the idea that someone has "gone behind their back," when they are not told. In any case, parents nearly always know where the report has come from, and attempts to conceal this information only anger them further. Should an angry parent appear at school, (s)he should be handled exactly as any other parent angry over any matter--a failing grade, for example--is handled. In addition, the legal obligation to report should be stressed, and the school's concern for the child reaffirmed.

Increasingly, schools are making it routine practice to notify parents when a report of suspected child abuse and neglect has been made by a staff member. The notification is firm, but kind. It states the legal authority for the report, and casts no blame. Parents are told to expect a visit from child protective services or another investigating agency and are offered the support and concern of the school. Schools that have instituted this procedure report good results. Parents are less hostile and resentful when they understand that the school has a legal obligation it must fulfill. In addition, they often appreciate an expression of concern or an offer of support at a time which, it must be recognized, is very difficult for them.

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REPORTING

Educators should be aware of the fact that 43 states now (Fall, 1978) mandate that they report suspected cases of child abuse and neglect. The decision to report can be a difficult one. We often give the parents "the benefit of the doubt" and hope the problem will "go away with time." However, child maltreatment seldom corrects itself without outside help. Early reporting activates the intervention process and allows the family to receive help quickly. Anyone who hesitates or delays reporting prolongs the child's exposure to the abuse or neglect by postponing the treatment process. When in doubt, the educator should always report.

Legal Requirements

The first reporting law for child abuse and neglect was passed in 1963; by 1967 all 50 states had adopted reporting laws. The original laws were directed primarily toward physicians and hospitals, who were failing to report cases in which the child's injuries appeared to be caused by physical abuse. Proponents of these early laws felt that the medical profession was best qualified to identify such injuries and in the best position to discover them. Now, however, most states have expanded their mandates to require all professionals who work with children to report suspected abuse and neglect. All 50 states now have reporting statutes, but they differ with respect to:

- Types of instances that must be reported.
- Persons who must report.
- Time limits for reporting.
- Manner of reporting (written, oral, or both).
- Agencies to which reports must be made.
- The degree of immunity conferred on those who report.

US Public Law 93-247, the Child Abuse Prevention and Treatment Act, requires states to satisfy certain requirements in the area of reporting in order to receive special funding. These requirements include the provision for reporting known and suspected instances of child abuse and neglect, and implementation of an effective state service delivery system. State law then defines the reporting mandates and system for each state. The educator should be aware of the following aspects of reporting for his/her state and locality:

- What types of abuse and neglect must be reported?

  The reporting laws of all states specify what types of abuse and neglect must be reported. Usually, these include physical abuse, neglect, sexual abuse, and emotional maltreatment. It is important to remember that the reporter need not be certain that abuse or neglect is occurring. Every state requires "suspected" cases to be reported. Most states require reports to be made when the reporter has "reason to believe" or "reasonable cause to suspect" that abuse or neglect may be occurring.

- When are reports to be made?

  In most states, reports are to be made immediately after forming the suspicion that abuse or neglect exists. In some states, it is necessary to submit a written report soon after the initial oral report.

- To whom are reports made?

  The law specifies which agencies are to receive reports of suspected cases of child abuse and neglect. Generally, these agencies include the state or county department of social services, law enforcement agency, juvenile court or juvenile probation department, or the county health department. The designation of the receiving agency is one of the most critical elements of the reporting law. The nature and orientation of the agency first receiving the report often will determine the community's response to child abuse.

- What information is to be reported?

  Some state laws specify what information is to be given in a report. In other states, the receiving agencies determine what information is required. This information usually includes: name, age, and address of the child; present location of the child; type of injury suffered; and name and address of parent(s) or caretaker(s), if known.

- What immunity does a reporter have?

  Some potential reporters are reluctant to report suspected child abuse and neglect because they fear retaliatory lawsuits if the accusation is not confirmed after investigation. However, every state's reporting law contains a provision for immunity to the reporter for all reports of suspected child abuse and neglect made in good faith. While reporting laws cannot prevent the filing of lawsuits against a reporter, they make successful litigation of such suits impossible, provided the report was made in good faith.

- What are the criminal penalties for failing to report?

  State reporting laws usually contain provisions making it a crime knowingly to fail to report suspected child abuse and neglect. Although criminal prosecution rarely, if ever, occurs for failure to report, some professionals find it easier to report if they are able to explain to the child's family that it is a crime for them not to report.

- What is the civil liability for failing to report?

  Under the law of civil negligence, violation of a statutory duty, such as mandatory reporting of suspected child abuse and neglect, is negligence per se, "in itself." This means that if it can be proved that a person willfully or negligently failed to report known or suspected child abuse or neglect, he/she can be sued for the injuries that occurred after the time when a report should have been made. This principle recently has been applied to child abuse and neglect cases in situations in which reports of suspected abuse or neglect were not made. Two California cases in which a child suffered serious injuries from abuse subsequent to a hospital's failure to report its suspicions of child abuse have received considerable attention.

- Where will this information be recorded?

  State reporting laws often contain provisions for the establishment and operation of a statewide central registry for child abuse and neglect. In some states, such registries are governed by laws other than the reporting laws or by regulations of the state agency that operates the registry. These central registries may serve two principal purposes: They may be used to gather data on the incidence and characteristics of abuse and neglect; and they may be used as a resource for identifying repeated abuses of the same child or of other children in the same family. In making or receiving a report of suspected child abuse, the reporter may have access to departmental or other registries containing information about prior abuse or neglect reports. Thus, a family with a history of abuse or neglect can be identified even if it has moved from one county to another. However, the effectiveness and ethicality of using, administering, and controlling these central registries recently has been questioned.

The Federal Family Educational Rights and Privacy Act (FERPA)

The federal Family Educational Rights and Privacy Act of 1974 (FERPA) offers no bar to the reporting of suspected child abuse and neglect by educators.

FERPA governs the release of information from school records. In the majority of cases, however, educators will be relying not on school records, but on their personal knowledge and observations when reporting a case of suspected child abuse and neglect. Since no school records are involved in these cases, FERPA does not apply.

In a small number of cases, however, it may be necessary to consult school records in order to determine whether a report of suspected child abuse and neglect should be made. Ordinarily parental consent is required before information contained in school records can be released. However, there are exceptions that can apply in the case of suspected child abuse and neglect.

Prior parental consent is not required when disclosing information from school records if a "health or safety emergency" exists. It is the position of the National Center on Child Abuse and Neglect (NCCAN) and the Fair Information Practice Staff (the HEW unit that administers FERPA) that child abuse and neglect generally may be considered a "health or safety emergency" if the state definition of child abuse and neglect is limited to situations in which a child's health or safety is endangered. Further, NCCAN and the Fair Information Practice Staff have agreed that responsibility for determining whether a "health or safety emergency" exists must be made by the school official involved, on a case-by-case basis. Thus, if a school official determines that an emergency exists, information contained in school records can be disclosed without parental consent and without violating the provisions of FERPA.

Another exception to the prior consent rule exists if the release of information contained in school records is made to state and local officials or authorities to whom such information is specifically required to be disclosed pursuant to state statute adopted prior to November 19, 1974.

Most state statutes concerning reporting child abuse and neglect require reporting by educators to state or local authorities and were enacted prior to November 1974. Thus, in the majority of states, release of information from school records to state or local child protective services agencies is permitted under FERPA. An educator should check with legal counsel to ascertain whether his/her state enacted a reporting law prior to November 19, 1974, and to determine whether this exception to FERPA provisions applies in his/her jurisdiction.

A final exception to the prior parental consent rule is provided in FERPA, Section 99. This section provides that any information contained in a school record may be released without parental consent to comply with a judicial order or lawfully issued subpoena; provided that the school makes a reasonable effort to notify the parent in advance of compliance.

Local Policy and Procedure Regarding Reporting

Across the country more and more school systems and local boards of education are enacting school policies and procedures regarding child abuse and neglect. The policies and procedures support state law with regard to reporting, and they often specify internal mechanisms to be followed when a case is reported. Some policies go beyond reporting by encouraging staff to become actively involved with families and children.

For example, local policy may specify that parents be notified when the school has reported a case of suspected child abuse and neglect. A particular staff member, often the building principal, may be given this responsibility. Local procedure may require that administrative staff be notified when a case is reported and that a copy of the written report be filed centrally. Procedures for record keeping and destruction may be specified, or a program coordinator may be assigned this responsibility.

Enacting local policy is a good first step for a school system beginning a child abuse and neglect program. The policy clearly delineates duties and responsibilities for all staff. Equally important, it provides administrative backup for line staff who do most of the reporting.

Educators are encouraged to learn whether their school system has a Board policy or an administrative procedure for child abuse and neglect. If no such policy or procedure exists, one should be developed.

Difficulties that may be Encountered when Reporting

A report of suspected child abuse and neglect is not an accusation. It is a request for the process of help to begin. But the reporting process does not always go smoothly. Difficulties may be encountered which can prove a bar to reporting or can discourage continued involvement in child abuse and neglect.

According to Broadhurst, one of the biggest obstacles may be personal feelings. Some people just don't want to get involved; others may feel parents have the right to treat children in any way they wish. Generally, once it is understood that involvement is required and that child abuse and neglect differs from acceptable child rearing practice, much of this reluctance disappears. It has been pointed out that the better acquainted we are with someone, the closer they are to us and the more difficult it is for us to admit they may have a problem. This is true for suspected child abuse and neglect as well. It may be extremely difficult for an educator to face the fact that the son of a colleague or the daughter of a neighbor has been abused or neglected. This is a natural feeling, but it must be overcome. The law does not exclude the children of friends and acquaintances from its protection.

Sometimes school principals place an obstacle in the way of reporting. They may discourage teacher involvement by refusing to take teachers' reports seriously or by failing to make an official report of suspected child abuse and neglect once a situation has been brought to their attention. Such actions may be more than obstructive; they may be illegal. Central administrative staff may provide no backup to line staff, thus undercutting the reporter who has acted in the best interests of the child and complied with the law. Suddenly the reporter finds his/her motives questioned. Superintendents who fail to provide inservice training to staff in order to inform them of their legal obligations also may prove a bar to reporting. Staff who do not know the signs and symptoms of child abuse and neglect and who are unaware of their legal responsibilities will be unable to help abused and neglected children. Many of these procedural difficulties can be resolved if a reporting policy is adopted, reporting procedures are instituted, and staff development is made mandatory.

Educators who have had an unfortunate experience when reporting suspected child abuse and neglect may be reluctant to become involved a second time. Such educators may have been discouraged from reporting or may have developed a distrust of child protective services (or another agency) or its staff, feeling that a previous case was not handled to their satisfaction. These concerns are real, and often valid. Things may not have gone as well as they should have. But a previous bad experience does not mean that the next time things will not be handled well. Child protective services agencies throughout the country are continually working to upgrade their services. They are steadily becoming more responsive and highly skilled. Communities are providing more resources and increased staff to handle the rising number of child abuse and neglect cases. Altogether the picture is brighter than it was even a year ago, and this trend is likely to continue. However, if the reporting educator has a second unfortunate experience and remains dissatisfied with agency response, he/she should not hesitate to request that an agency supervisor intervene in the handling of the case.

Sometimes potential reporters become convinced that nothing will be done if they report, so they choose not to report. Aside from the legal considerations (failure to report is against the law in many states), such reasoning is faulty. If an incident of suspected child abuse and neglect is reported, some action will occur. At the very least, a record of the report will be made, the educator's legal obligation fulfilled, and the investigation process begun. On the other hand, if the incident is not reported, one may be sure that nothing will be done. Abused and neglected children cannot be protected unless they are first identified, and the key to the identification process is reporting.

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INVESTIGATION

Purpose

The investigation process is the second step of the intervention process and is the direct consequence of the filing of a report. In order to determine the validity of a report, an investigation, no matter how brief, must be conducted. Investigation is a key part of the overall process because, to a large extent, the information obtained determines the subsequent actions or lack of actions taken in a case. The agencies most commonly mandated to investigate reports of abuse or neglect are social service departments, police departments, and juvenile probation departments. Educators are called on during this stage of the intervention process to assist these agencies by supplying relevant information about the child and family.

The fact finding process of interviewing, observing, and evidence gathering by which a report of a suspected case of child abuse or neglect is verified has three purposes:

- To determine whether the child is at risk in the home.
- To determine if abuse or neglect is occurring.
- To determine whether the risk is serious enough to warrant immediate intervention to guarantee the child's safety.

Underlying these specific purposes is a general concern for the functioning of the entire family. Investigation of child abuse and neglect involves an intervention by authorities into the normally private relationship between parent and child. To be effective, that intervention must be sensitive to the causes of the child abuse and neglect and supportive of the family's right to obtain treatment for those problems.

Approach

In most localities the child protective service division of the social services department carries out the investigation. Having specialized training in family dynamics and intervention, they assess the immediate and long term effect of the family's overall functioning on the child. Unlike an investigation that may be conducted by the other two agencies, an investigation by protective services goes beyond assessing the specific incident and immediate risk to the child by considering treatment possibilities and the family's potential for improvement.

The approach to the investigation is determined by both the reporting law and the overall purpose of the agency performing the investigation. Its approach and process must conform to general agency practices as well as state requirements. For example, the department of social services has an overall purpose of providing services to families and individuals in need. Accordingly, a social worker conducting an investigation evaluates whether or not abuse or neglect exists in terms of the problems in the home and tries to determine if the agency, or others in the community, can help resolve those problems. Police departments, on the other hand, have an overall purpose to determine whether or not a crime has been committed. During an investigation of suspected child abuse or neglect, a police officer will investigate whether or not abuse or neglect has occurred by finding out who, rather than what, is responsible for the problem and by determining if legal sanctions are required to resolve the problem. Juvenile probation departments become involved in cases to determine if court involvement is required to obtain adequate parental care for a child. During an investigation of suspected child abuse or neglect, juvenile probation officers will place priority on determining whether or not there is evidence for the court to become involved in the case. It is important to emphasize that the overall purposes of investigation intersect, regardless of what agency is conducting the investigation. However, the approach to investigation is to a large extent determined by the internal mandate of the individual agency.

Obtaining Background Information

Regardless of the approach, there are basic steps that every investigation should include. The first entails obtaining information from the reporter. When someone reports a suspected case of abuse or neglect, it is important to obtain as much of the information as possible that will be needed in subsequent steps of the process. The investigator concentrates on getting information critical to locating the family, providing any needed emergency assistance, and identifying additional sources of information about the family. At a minimum this information should include:

- Name, age, birthdate, and address of child.
- Name and address of parents.
- Where parents can be reached (e.g., at home or their place of employment).
- Incident that precipitated the report.
- Present condition of the child.
- Siblings who are in the home.
- Other individuals and agencies that know the family.

Records Check

The second step in the investigation process entails checking the records. Prior to actually investigating the report, many agencies routinely check records on the family, including files from juvenile court, the police department, or the department of social services or central registries. The purpose of record checks is to find out if the family is known to an agency or reporting system and to determine the nature of any previous involvement with agencies. This procedure may help determine which agency is most appropriate to assume the major responsibility for communicating with the family. In order to minimize the confusion created when a family must deal with several agencies, it is beneficial to designate one agency as the primary contact with the family.

Obtaining Critical Information

The third step in the investigation process is obtaining critical information. Gathering information essential to document and verify an incident of maltreatment requires assessing the immediate safety of the child, determining the circumstances surrounding the allegations in the initial report, and assessing the general functioning of the family. Methods of obtaining this information may include a medical examination of the child, the direct observation of the home environment, and documentary evidence and interviews with the child, parents, relevant family members, the reporting person, neighbors and friends, and any professional having contact with the family, including school personnel.

Although the child is the focus of the investigation, his/her involvement in the process itself must be handled carefully. Clearly the abused or neglected child and any other children are proper subjects for observation by the investigator. In deciding whether the child is to be interviewed, consideration should be given to the potential impact of the interview on the child and to the effect the interview may have on the child's relationship with his/her parents. An interview with an investigator could increase the trauma of an already disturbing life experience. It would also exacerbate an explosive parent-child relationship by causing the parent to become suspicious or jealous of the child or by making the child feel guilty for divulging information about the parent. In some cases, the interviewer will have no choice in the matter. The parent may insist that the child be present during the interview. If this is the case, the investigator should take this opportunity to observe the child and the parent-child interactions. There are also times when the investigator must interview the child. In cases of sexual abuse, an interview with the child is generally a required part of the investigation. It is not unusual for a child, particularly a teenager, to report abuse or neglect. In these cases the child will be the interviewer's initial contact with the family.

School Cooperation

Because the school is a rich source of information about the child, school staff may be asked to assist in the investigation process. From previous contacts with the parents and family, they may be able to supply pertinent information either directly or indirectly related to the problem at hand. In disclosing information, school personnel should follow the guidelines reviewed in the discussion of FERPA.

Sometimes, during the course of an official investigation of suspected child abuse and neglect, a worker from child protective services will have to interview a child at school. If this occurs, the school should provide a private place for the interview, and someone the child trusts should be present throughout the interview. If it is necessary for the child protective services worker to remove the child from school (e.g., for a medical examination), the school may wish to request a written release from the worker.

WE CAN HELP

Session 4

Contents

- 3 Transparencies (pages 1-4)
- 1 Worksheet (pages 5-6)
- Resource Materials (pages 7-20)

THE COUNCIL FOR EXCEPTIONAL CHILDREN

EC130697

CASE STUDY
ROLE CLARIFICATION EXERCISE

When Charles was brought to the emergency room at Children's Hospital by a youth division officer on a February afternoon, the source of his injuries was not clear. All that was known then was that his second grade teacher had noticed he was limping while at play. Upon pulling up his pants leg, she found welts and buckle marks and asked her principal to call the police. Seven year old Charles was frightened and taciturn, but otherwise appeared well dressed and nourished. During the physical examination, the doctor noted older marks on his back. This clinched the decision to hospitalize the child for further examination under police "hold."

When Charles' parents visited the hospital that evening, they were met by a protective services case worker. Charles' father, Mr. L, a 26 year old man, was angry, complained about the incident, and appeared slightly intoxicated. His wife, age 24, seemed passive and focused much of her attention on her active two year old son, Sean. The case worker offered support, emphasized concern for Charles, and explained the legal proceedings the parents would experience on the following day.

CASE STUDY (CONT'D.)
ROLE CLARIFICATION EXERCISE

At the hearing the next morning, the case worker met Mrs. L and Sean. Mr. L did not appear for the hearing. Attorneys were appointed for both parents and for Charles. A probation officer was assigned. Since the mother could offer no satisfactory explanation for Charles' injury, the court decided to place Charles in a foster home under temporary custody. Mrs. L remained anxious and at times sad and tearful. The judge ordered both parents, as well as Charles, to undergo mental health examinations. The case worker dropped Mrs. L off at home and arranged to visit her the following day. The visit revealed a somewhat crowded but neat apartment in an older building. Mr L was "away at a job." Later, as they drove to visit with Charles, Mrs. L began to warm up and relate some of her difficulties—being cut off from her family after marrying Mr. L, being cooped up with a two year old, having few friends in the neighborhood, and fearing she might never be able to return to the kind of job she had after graduation.

Mr. L, who avoided the home visits, appeared for his court-ordered examination. He told the psychologist about frustrations with his own sporadic job situation and admitted conflicts with his wife over his

CASE STUDY (CONT'D.)
ROLE CLARIFICATION EXERCISE

occasional drinking, finances, and what he considered his wife's excessive demands. He reported that he often had to take over the discipline of Charles, whose recent play with matches in the apartment was a source of great concern. He remained vague over the incident that prompted the report. The psychologist suggested the parents come together to review the test findings on Charles. This session proved to be important, and the parents, though initially focusing on the child, began to share some of their difficulties as a couple. It was revealed that Charles had been beaten by Mrs. L at a time when she was feeling quite low, harassed, and angry with her husband, and after Charles had ignored her repeated requests to stop playing with the gas range. Her husband's attempt to "cover" for her was revealed.

Prior to the scheduled trial in May, the coordinating case worker presented the case at a child abuse and neglect team meeting for referral decisions.

OBSERVER GUIDE

INTERAGENCY ROLE CLARIFICATION

Instructions:

- Do not interact with the group.
- Look for behaviors that helped and hindered the planning process.
- Write down objective information in the form of a direct quote or description of body language.
- Give these directions to the group at the end of the meeting: "On newsprint, list behaviors that helped and hindered your task."
- During the discussion share your observations as a resource person with the group.

Helped	Hindered

RESOURCE MATERIALS
SESSION 4

CASE PLANNING AND MANAGEMENT

Treatment intervention designed to help an abusive or neglectful family confront and deal with their problems is the final outcome of reporting and investigation. Coordinating successful treatment necessitates assessing, planning, and monitoring services provided to the family. This phase of the intervention process is usually conducted by a caseworker from the child protection services. The educator's responsibilities at this point are to assist the caseworker in assessing and planning for the needs of the family and to provide direct services to the child and parents. Possible school services that may be beneficial for the treatment of child abuse and neglect will be reviewed later.

Assessment

The purpose of the assessment phase is to evaluate social, psychological, and medical information to determine the specific problems the family is having, possible causes of those problems, and the needs and strengths of each family member and the family as a unit. Assessment is a complex, systematic, dynamic process designed to define treatment needs. The family's problems, needs, and strengths are continually reassessed throughout the treatment process to ensure that the help being provided is the help that is needed.

Planning

Treatment planning is the process by which problems and needs of each family member are matched with specific treatment resources or services that can respond to those problems and needs. In this context, treatment covers a broad range of services designed to meet individual needs and solve individual problems of the parents and the child, as well as the problems and needs of parent-child interactions. As noted in the unit on identification, the parents' inability to care properly for their children is usually related to their inability to satisfy their own needs. Treatment strives to help parents develop personal resources to meet their own needs, to recognize and meet their children's needs, and to establish satisfactory patterns of interaction between them and their children. Treatment also strives to meet the developmental needs of the child and to ensure an adequate environment that encourages the realization of his/her potential.

Treatment planning has three components: (1) setting goals, (2) identifying treatment alternatives, and (3) identifying specific resources. The treatment planner sets treatment goals to guide the process of choosing treatment alternatives and to give direction to the treatment professionals as they render their services to the family. Treatment goals are actually behavioral goals for the family. They help professionals and paraprofessionals know what the family can be expected to accomplish in treatment and what particular behaviors indicate that treatment has been successful.

Treatment alternatives is the generic name for the variety of modalities and methods of providing treatment. The treatment alternatives considered in planning treatment for child abuse and neglect cases should reflect the special needs of each family very specifically. For example, abusive families frequently are socially isolated and dependent and have strong needs for friends and outside support. To meet these needs, treatment alternatives such as parent or family aides or group therapy with other abusive or neglectful parents are often effective because they provide support, nurturance, and peer interaction, as well as the opportunity to confront problems in a therapeutic setting. These services meet a number of needs in addition to providing an opportunity to solve problems. Defining treatment alternatives is a demanding task because it necessitates looking very specifically at several complex issues at the same time: the problems of the family, the possible causes of those problems, the overall needs and strengths of the family, and the treatment goals. The treatment planner must, therefore, know and understand the social, cultural, and psychological factors that consistently contribute to abuse and neglect. In addition, the process of defining possible treatment alternatives must focus on finding the level and style of treatment that is most appropriate for each family member and the family as a whole.

Choosing treatment resources, the last component of treatment planning, should also be a creative and dynamic process. Potential resources should be evaluated to determine what specific services they offer (e.g., family therapy, parent aides, parents' groups), their philosophy of service, and the style of treatment delivery (e.g., home visits, weekly office visits). Usually one agency can provide only part of the services needed for total treatment. Consequently, a combination of community agencies, services, and professionals is necessary. The coordination of all resources involved in treatment is the responsibility of the case manager.

Monitoring

Case monitoring ensures that treatment is effective. The case manager is responsible for seeing that the case plan is successfully carried out and that the family is receiving sufficient treatment. This role is usually assumed by a protective services worker who has access to many community resources. The worker has continuous contact with the family, the treatment agencies, and the individuals working with the family and acts as a link between them. Ideally, the responsibilities of the case manager are:

- To coordinate the multiple services providing treatment to the family.
- To assess the effectiveness of services provided continually.
- To assess the problems, causes, needs, and strengths of the family continually to ascertain if treatment continues to be appropriate.

- To re-institute the treatment planning process when treatment proves ineffective.
- To act as a mediator when problems arise between a family member and a worker.
- To provide support for the workers in maintaining treatment relationships and preventing professional "burn-out."

If treatment proves to be ineffective, the problems and needs of the family must be reassessed and a new treatment plan developed. Many things can cause treatment to be ineffective. For example, a treatment modality may be unacceptable to the family, or a treatment agency may not be culturally suited to a family's needs. When problems arise in the treatment, it is important to recheck the original assessment to either confirm or [illegible] the evaluation of problems, needs, strengths of the family, and possible causes of abuse. Treatment goals, alternatives, and resources also need to be reevaluated and perhaps a different direction plotted for treatment. A miscalculation in the assessment or treatment plan could be the cause of ineffective treatment as well as unforeseen problems that may arise during service delivery.

Case planning and treatment is a cyclical process that must continually respond to individual and family problems and needs until treatment has been successfully terminated.

Many professionals may be involved in case management. The professionals who usually have major responsibility for treatment planning are members of the department of social services, social workers, or child protective services workers. Other professionals important to the process are hospital personnel, teachers, police, probation officers, day care workers, community health nurses, and mental health workers. All these professionals may offer valuable information about the family and possible services. Their participation is essential in developing a comprehensive profile of the psychological, emotional, social, and cultural factors affecting each family member and in determining a comprehensive treatment plan.

Treatment Alternatives

- Individual, marital, and family counseling.
- Visiting homemaker and/or public health nurse.
- Parent groups (Parents Anonymous, Parents Without Partners, Abusive Parents Coop).
- Infant and child care services.
- Residential treatment for parent/child/family.
- Alcoholics Anonymous.
- Temporary or permanent foster care.
- Family planning counseling.
- Community mental health services.
- Psychological or psychiatric therapy.
- Education in child development and parenting.

School Services for Treatment

During the treatment phase the school can, and does, serve as a focal point for services to rehabilitate and strengthen children and families. The expertise needed to assess special needs and design programs to fit those needs already exists within the schools. A common example of this response to special needs is in programs for handicapped children.

Many schools have formed professional review teams to develop individual educational plans for special children. These teams usually include a psychologist, social worker, speech therapist, reading specialist, and others. Team members are skilled in diagnosing and assessing special problems and in tailoring individual programs to address those problems. Teams routinely work with parents and other educators, call upon support services as indicated, and annually review and revise the plan for each child.

Abused and neglected children, too, are children with special needs. These highly trained professionals, already in the schools and skilled in working with children and parents, can be of great help to abused and neglected children and their families. The special services available from schools can service the child directly. Abused and neglected children often have special educational, psychological, or medical needs. As McCaffrey and Tewey (1978) have pointed out, schools already provide a number of special services to children who require them. These services, each backed by qualified professionals who administer them, may include:

- Diagnosis and assessment of specific problems, including academic, learning, behavior, health, and social adjustment problems.
- Development of individualized educational plans to meet the cognitive, social, and emotional needs of the child.
- Support services, including counseling, speech, hearing and language therapy, behavioral management, special education, and health care.

The regular school program also offers opportunity to support the abused and neglected child. The negative self concepts common among these children can be offset by positive school experiences, a sense of achievement, and accomplishment. The feeling of isolation abused and neglected children frequently experience can be lessened by increased contact with classmates and the chance to make new friends. The opportunity to see adults in a positive, supportive, caring role can be provided by a warm and sympathetic teacher.

Schools can also provide programs and services that directly benefit abusive or neglectful parents. Programs for parent education, early childhood intervention, counseling, and adult education already are serving many parents. Such programs can be expanded and replicated to include parents of abused and neglected children. Such programs offer direct help to parents, but they also provide the opportunity for socialization, the chance to make new friends and pursue new interests. Both are vitally important if the pattern of isolation common among abusive and neglectful parents is to be broken.

Schools can offer both direct and indirect support to the families of abused and neglected children. None of these services is new. All already exist, and schools have provided them for years. Only their application to abused and neglected children is new. For example, as Broadhurst has pointed out, if financial difficulties are present, schools may be able to provide free or reduced-price breakfasts, lunch, field trips, and extracurricular activities. The school often can arrange for children to be fitted with glasses, hearing aids, or prosthetic devices. Many schools maintain an emergency supply of clothing and shoes so that they can be provided quickly and quietly.

In many school districts pupil personnel workers, social workers, or school nurses make home visits to assess family needs and arrange for needed support services. Others arrange for day care, after school care, or special programs such as home tutoring for the chronically ill child.

In addition to these specialized programs, the schools can encourage parents to be directly involved in planning for their children. Teams that serve handicapped children already are working with parents to develop individual education plans. These skills can be transferred to planning programs for abused and neglected children, focused on their needs and involving their parents. When a problem is identified, parents can be brought in to help resolve it. Concrete suggestions can be made, and cooperative agreements worked out between school and home. If the presentation is positive and delivered in terms of what the school is prepared to do to help the parents, and if the parents' recommendations are included, the plan will likely be successful. This process can also educate the parents and increase their awareness of their child's needs and the best ways to meet them.

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THE ROLE OF THE COURTS IN CHILD ABUSE AND NEGLECT

Educators need to be aware of the court's involvement in child abuse and neglect. Not all reported cases of child maltreatment require the intervention of the legal system. In fact, most cases that come to the attention of child protective services can be adequately treated without court involvement. However, if a case does end up in court, the educator may be called on to provide testimony as a witness in the adjudicatory hearing. Should this be required, the case attorney will prepare the educator for his/her participation in the hearing.

It may be necessary to involve the courts in any phase of the community response process. The courts have the legal leverage to enforce reporting laws, facilitate investigations, and mandate family involvement in treatment services. In addition, the court can prosecute the parent, declare a child a "dependent," and institute foster care or adoption status for the child. It is the responsibility of the juvenile court to ensure that the legal rights of parents and child are protected. It must make certain that no government intervention into the life of the family occurs without due process of law and without the opportunity for both parents and child to have a fair and impartial hearing in a court of law. This function has led to increasing formality and stricter adherence to rules of evidence and procedure in the juvenile court. It also has led to an increased role for the attorney in abuse and neglect cases. Child abuse and neglect cases often are called dependency cases because of the juvenile court's power to declare abused and neglected children "dependent" on the court for proper care and protection.

The juvenile court performs a variety of functions in connection with child abuse and neglect cases brought before it. The most important of these are:

- To mandate services for the family in which abuse or neglect has occurred. Rather than punish, the juvenile court will work closely with social service agencies to effect a treatment plan designed to protect the child and at the same time improve the family situation so that the family is preserved.

- To protect a child from further injury resulting from abuse or neglect.
- To provide a fair and impartial review of social service agency decisions.
- To protect the constitutional rights of parents and children.

The juvenile court's approach to cases of child abuse and neglect focuses on the child's need for protection from physical or psychological harm caused by abusive or neglectful parents and the parents' need for social and other services to improve their ability to care for the child. This focus requires the court to work closely with professionals from the social services to determine the appropriate court response for cases in which abuse or neglect has been proven. Law enforcement officers must understand that the juvenile court will attempt to handle child abuse and neglect cases in a social services fashion, if possible, and will try to avoid placing the child outside the home on a permanent basis or terminating the parental rights of the natural mother and/or father. More often, the court disposes of proven cases of abuse and neglect either by sending the child home under the supervision of the social services agency or probation department or by ordering the child placed out of the home on a temporary basis until the parent(s) are better able to care for him/her. When the parent(s)' unwillingness or inability to care for the child continues over a long period, then the juvenile court takes necessary steps to terminate the parental rights and place the child for adoption.

Overview of Hearing Process

- The petition. A juvenile court child abuse and neglect case is initiated by the filing of a petition (written complaint) in the juvenile court alleging that a certain child (or children) has been abused or neglected. According to state law and local court procedures, the petition may be written and filed by the county attorney, the juvenile probation officer, and/or a child protective services worker. In a few states, anyone can file a petition alleging that a child is abused or neglected.

Preliminary or Protective

- Custody hearing. In emergency situations in which it would be dangerous for the child to remain with the parent(s), the child may be removed from the custody of his/her parent(s) and placed in protective custody pending the outcome of a juvenile court proceeding. This decision may be made by the police, a juvenile probation officer, the juvenile court, child protective services, and/or a physician, depending on state laws. When a child is placed in protective custody, a petition must be filed in the juvenile court, usually within 24 to 48 hours, and a hearing must be held soon thereafter (usually within 48 to 72 hours, depending on state law) to allow a judge or commissioner to review the decision to place the child in protective custody. The judge may decide to continue the order for custody pending the adjudicatory hearing or may decide to terminate it.

- Bifurcated proceedings. Child abuse and neglect proceedings in the juvenile court are usually "bifurcated proceedings," meaning the decision as to what should be done with the abused or neglected child occurs in a hearing separate from that which determines whether the child is, in fact, abused or neglected. In the adjudicatory hearing, the evidence is presented to determine if the abuse and neglect charge is substantiated. If it is, a dispositional hearing is held to determine the course of action.

- Adjudicatory hearing. This is the evidentiary trial in which the state must prove to a judge that the child is abused or neglected. Unless the parent(s) admits that (s)he has neglected or abused the child, it will be necessary to call witnesses to substantiate the allegations of abuse or neglect. The adjudicatory hearing usually occurs from 2 to 6 weeks after the initial petition is filed. Because a dependency hearing is civil rather than criminal, the state need not prove abuse or neglect beyond a reasonable doubt, but only by a preponderance of the evidence, a somewhat lower standard of proof.

- Dispositional hearing. A dispositional hearing may occur on the same day as the adjudicatory hearing or may be held on a separate day, sometimes weeks later. The evidence presented at the dispositional hearing focuses on the ability of the family to care for the child and on the recommendation of the court social worker as to the appropriate treatment for the family, including placement for the child. Hearsay and opinion evidence which might not be admitted at the adjudicatory hearing usually will be admitted during the dispositional hearing.

- Court orders for intervention. If the court takes jurisdiction over an abused or neglected child, it has authority to make several types of orders concerning the physical custody of the child. It may:

  - Order the child placed in its home, under the supervision of the juvenile court probation department or the department of social services.
  - Order the child placed in its home with the further order that the parent(s) obtain counseling or other social services.

- Order the child placed with relatives, if there are relatives able and willing to care for the child.
- Order the child placed in a foster home, group home, or institutional home.
- Terminate parental rights of the parent(s).

The latter decision completely and permanently cuts off all rights of the natural parents to their child and is a prerequisite to adoption of the child. Usually such an order follows serious, often repeated incidents of physical or sexual abuse or the abandonment of a child by its parent(s). In some states a termination proceeding must be brought in another division of the district or county court.

- Periodic reviews. The duration of any court-ordered intervention depends on the progress of the family. Its ability to provide adequately for the child is reviewed periodically. In order to measure the progress of the case and determine any need to modify its previous order, the juvenile court should schedule a review hearing on the case some months after the dispositional hearing. At that time, the child might be returned home and the case dismissed; the court may retain jurisdiction of the case for still another year; or the child might be placed for adoption after parental rights have been terminated. In addition, the petitioner or the parents may request modification hearings at any time. If a child has been declared dependent, the juvenile court retains jurisdiction over that child until the child reaches adulthood or until the dependence status is ended by the juvenile court.

Participants in the Juvenile Court Process

- Judge. Many child abuse and neglect cases in juvenile court are heard by judges assigned to a term in the juvenile court. In some counties, juvenile court commissioners, masters, or referees are used in place of judges. They are usually attorneys appointed full or part time to hear cases only in juvenile court. There is no federal constitutional right to a jury in a child abuse and neglect case in juvenile court. Based on their state constitution, some states allow a jury trial in child abuse and neglect cases, but as of the late 1970's, juries are seldom used in child abuse and neglect cases in juvenile court.

- County Attorney (District Attorney, Corporation Counsel, City Attorney, County Counsel, Attorney General, etc.). In most juvenile courts, there will be a county attorney whose job is to present the child abuse or neglect case to the court. Some child welfare agencies have their own attorney to represent them in court. In most counties, however, this job is performed by an attorney in one of the county law agencies. The county attorney presents evidence that will prove that the child is abused or neglected. He/she carries the burden of proving abuse or neglect by a preponderance of the evidence or by clear and convincing evidence.

- Attorney for the parents. In every state, parents have the right to be represented by their own attorney in a child abuse and neglect case in juvenile court. Not every state, however, will appoint an attorney for the parents if the parents are indigent. In some cases, legal aid attorneys or public defenders are providing counsel for the parents. The attorney for the parents represents the interests of the parents, which often involves an attempt to defend against the allegations of abuse or neglect at the adjudicatory hearing. At the dispositional hearing the attorney for the parents will represent the interests of the parents particularly in connection with issues involving possible foster placement of the child.

- Attorney for the child. In some cases of child abuse and neglect, an attorney is appointed for the child. When this occurs, there are usually at least three attorneys involved in a child abuse and neglect hearing--the attorney for the state, the parents' attorney, and the child's attorney. The child's attorney tries to represent the best interests of the child. If the child is old enough to communicate intelligently with the attorney, the attorney for the child is responsible for making sure the child's views are heard. The attorney for the child may present separate evidence and argument at the adjudicatory hearing and may assist either the petitioner's attorney or the parents' attorney, according to the wishes and/or best interests of the child. The child's attorney may play a key role at the dispositional hearing in presenting a plan for the child's future placement. The federal Child Abuse Prevention and Treatment Act of 1974 requires that a state appoint a guardian "ad litem" ("in a lawsuit") for a child in a child abuse and neglect proceeding if that state is to be eligible for federal funds for child abuse and neglect programs. The act does not specify that the guardian must be an attorney.

- Witnesses. These may include the petitioner, child protective services, probation officers, police, social workers, physicians, teachers, nurses, relatives, the child, the parents, and any other individuals having relevant information. In many child abuse and neglect cases, subpoenas will be issued to compel the attendance of witnesses at the adjudicatory hearing. The attendance of witnesses at the dispositional hearing is less common and is usually limited to the court probation officer, or a child protective services worker, the parents, the child, the family's social worker if there is one, and, in some cases, relatives of the family.

The Role of the Criminal Courts in Child Abuse and Neglect

- Background. The use of the criminal courts in child abuse and neglect cases is controversial. Most professionals feel that child abuse and neglect is a psychosocial problem which should be handled by a social services approach. Others argue that an individual who abuses or neglects a child has committed a crime and should be treated as any other criminal--that is, prosecuted.

- Criminal laws. Criminal laws make it a crime to abuse or neglect a child. All states have criminal laws specifically dealing with child abuse and neglect. In some states, prosecutions for child abuse and neglect are brought under general criminal statutes such as assault, battery, or rape.

- Functions. The functions of the criminal courts are:

  - To determine the guilt or innocence of the accused.
  - To determine appropriate sentencing, if the accused is found guilty.
  - To mandate social or other services (such as terms of probation).
  - To protect the constitutional rights of parents.

- Authority. Criminal courts have jurisdiction over the defendant (that is, the adult accused of abuse or neglect). The court in a criminal proceeding has no authority to make orders concerning the child victim. The court may fine or imprison a defendant convicted of abuse or neglect or may place the defendant on probation, allowing the individual to go free, but under the supervision of a probation officer. Often, probation is granted only on the condition that the defendant does or does not do certain things such as seek employment or obtain counseling.

- Procedures. Criminal prosecutions are initiated by the police, who may arrest the defendant and refer the case to the county prosecutor. In most cases, the prosecutor's office makes a separate, discretionary decision as to whether the case will be prosecuted. In some instances, the case will be presented by the prosecutor to the grand jury, which will decide whether to indict (file criminal charges against) the defendant. It may reject the case and/or refer it to the juvenile court. In some instances, criminal prosecution of the alleged abuser may proceed at the same time as a juvenile court action on behalf of the child victim. Criminal prosecutions of child abuse and neglect cases are handled in the same manner as other criminal prosecutions. The defendant is entitled to an attorney and may request a jury trial.

The chart on the next page summarizes the court process of intervention in child abuse and neglect cases.

Additional Resources

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THE DECISION MAKING PROCESS IN JUVENILE COURT

Stage of proceeding	Decisions to be made	Decision maker(s) (other key actors)
1. Referral to court	(a) Should child be removed from the home? (b) Are voluntary referrals inadequate or inappropriate?	Child protective services/probation/police/doctors/hospital/other social workers/others
2. Abuse/neglect petition filed	(a) Is this case appropriate for court? (b) Is there likelihood of success?	Court intake workers (probation/county attorney/protective services/doctor)
3. Initial hearing	(a) Do parents/child need an attorney? (b) When will the trial be held?	Judge
4. Custody hearing	Should the child remain in protective custody outside the home?	Judge (court intake worker/social worker/doctor)
5. Pretrial conferences	Can the case be resolved on a voluntary basis?	Agency (attorney), parents (attorney), judge
6. Adjudicatory hearing (fact-finding trial)	Can neglect or abuse be proved?	Judge (attorneys/witnesses/parent/child)
7. Dispositional hearing	What orders should be made concerning the child? the parents? Should the child be placed outside the home?	Judge (court social worker/probation/attorneys)
8. Review hearing (if any)	Should the orders be changed? Can dependency be terminated?	Judge (supervising case worker/attorneys/parents/child)

WE CAN HELP

Session 5

Contents

- 4 Transparencies (pages 1-4)
- 4 Worksheets (pages 5-14)
- 4 Evaluation Forms (pages 15-18)
- Resource Materials (pages 19-32)

THE COUNCIL FOR EXCEPTIONAL CHILDREN

EC 120694

CHILD ABUSE AND NEGLECT POLICY OVERVIEW

1966
FIRST MANDATED INVOLVEMENT OF EDUCATORS BECAUSE OF STATE LAW.

1971
EVERY STATE HAS ENACTED SOME KIND OF CHILD PROTECTION LEGISLATION.

1974
FEDERAL ACT, P.L. 93-247, RECOGNIZED CHILD MALTREATMENT AS A NATIONAL SOCIAL PROBLEM; ESTABLISHMENT OF A NATIONAL CENTER.

1978
AMENDMENTS TO P.L. 93-247. AUTHORIZED TAKING ACTION AGAINST CHILD SEXUAL ABUSE AND SEXUAL EXPLOITATION.

CURRENT
FEDERAL STANDARDS ARE BEING DEVELOPED THAT CALL FOR PROGRAM IMPLEMENTATION BY SCHOOLS.

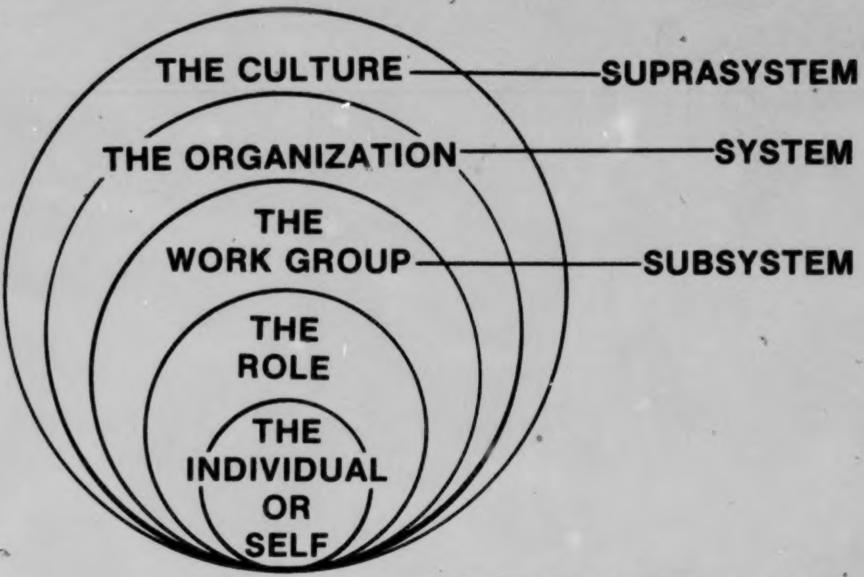
CHILD PROTECTION POLICY TRENDS

- GROWING NUMBER OF SCHOOL DISTRICTS ARE ADOPTING CHILD PROTECTION POLICY.
- MORE COMMITMENT TO TRAINING THAT IS PRODUCING GREATER INVOLVEMENT.
- INCREASED RECOGNITION OF THE NEED FOR INTERAGENCY COLLABORATION.
- RESEARCH IS BEGINNING TO DEAL WITH CULTURAL ASPECTS OF CHILD MALTREATMENT.
- STATE LEGISLATION IS MOVING AWAY FROM PUNITIVE MEASURES TOWARD A THERAPEUTIC APPROACH.

SYSTEMS THEORY:

TO INFLUENCE A SYSTEM, ONE MUST UNDERSTAND THE PARTS IN RELATIONSHIP TO THE WHOLE.

ENVIRONMENTAL INFLUENCES



THE CULTURE — SUPRASYSTEM

THE ORGANIZATION — SYSTEM

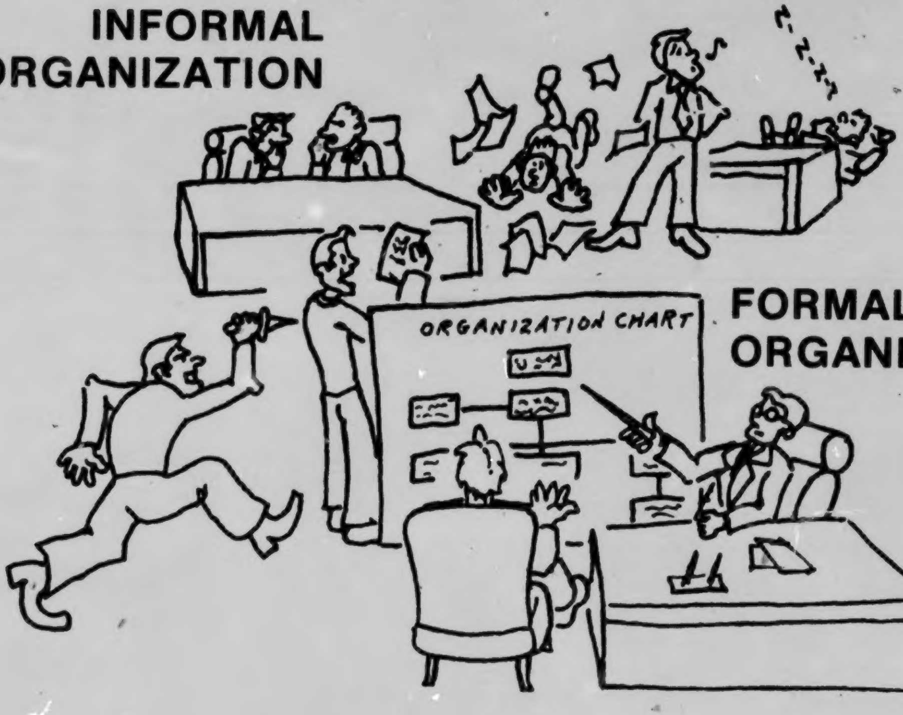
THE WORK GROUP — SUBSYSTEM

THE ROLE

THE INDIVIDUAL OR SELF

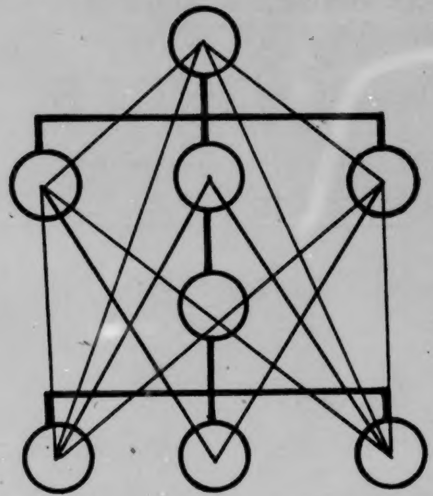
GROUPS AND ROLES

INFORMAL ORGANIZATION



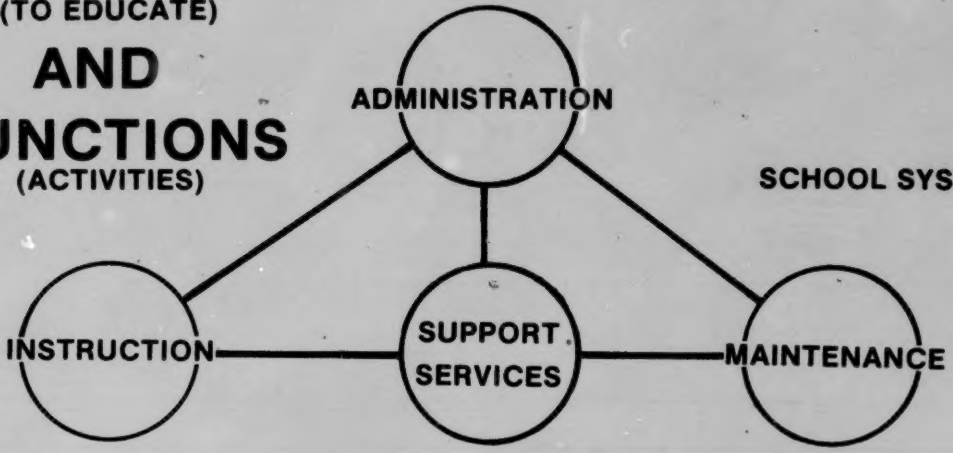
FORMAL ORGANIZATION

PATTERNS OF COMMUNICATION



CLASSICAL AUTHORITY LINES
VS.
ACTUAL INTERACTION

GOALS
(TO EDUCATE)
AND
FUNCTIONS
(ACTIVITIES)



ADMINISTRATION

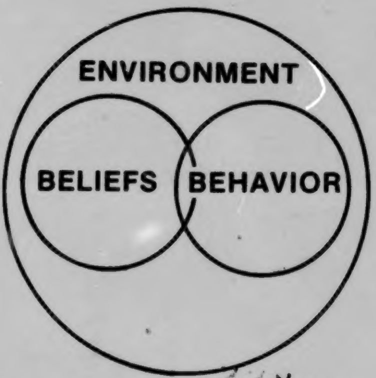
INSTRUCTION

SUPPORT SERVICES

MAINTENANCE

SCHOOL SYSTEM

VALUES AND NORMS



ENVIRONMENT

BELIEFS

BEHAVIOR

COMPREHENSIVE POLICY

Comprehensive mandates to organize and implement a school system response to child abuse and neglect would include the following general goals and activities:

Board of Education policy	Administrative procedures
Statement of school system commitment to maltreated children and families.	● Disseminate school board statement. ● Publish legal requirements with immunities and liabilities. ● Define areas of child abuse and neglect. ● Recognize parent feelings and rights.
Reporting requirements that reflect state law with oral and written directives.	● Provide an oral and written form. ● Designate reporting responsibility. ● Appoint an internal coordinator and outline specific procedural action. ● Identify a feedback/followup system.
Provision for inservice training and staff development programs.	● Appoint a training team. ● Plan a schedule of inservice events. ● Select training materials. ● Offer education incentives.
Designation of school personnel to collaborate with the community multidisciplinary team.	● Appoint a school representative/liaison on the community multidisciplinary team. ● Designate school personnel who can be used in advisory capacity. ● Specify attendance procedures for case related personnel.
Identification of school/community resources as support services.	● Assess available resources. ● Publish a list of service providers and programs with eligibility requirements. ● Establish or utilize existing school based teams for program planning.
Promotion of primary prevention programs.	● Authorize schools to sponsor parent education programs. ● Initiate a public awareness effort. ● Designate school facilities to be used for family support services. ● Develop parent education curriculum at secondary school level.

SAMPLE SCHOOL POLICY

ARLINGTON PUBLIC SCHOOLS[1] August 1977

CHILD ABUSE AND NEGLECT

I. Policy

All school personnel will comply with the laws regarding child abuse and neglect. Applicable State laws are Chapter 12.1 Section 63.1-246.1 through Section 63.1-248.17.

> "Abused or neglected child" shall mean any child less than eighteen years of age whose parents or other person responsible for his care:
> 1. Creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, impairment of bodily or mental functions;
> 2. Neglects or refuses to provide care necessary for his health;
> 3. Abandons such child; or 4. Commits or allows to be committed any sexual act upon a child in violation of the law. (Section 63.1-248.2)
>
> Any person licensed to practice medicine or any of the healing arts, any persons employed in the nursing profession, any person employed as a social worker, any probation officer, any teacher or other person employed in a public or private school, kindergarten or nursery school, any person providing full or part-time child care for pay on a regularly planned basis, any mental health professional and any law-enforcement officer, in his professional or official capacity, who has reason to suspect that a child is an abused or neglected child, shall report the matter to the Child Protective Services Unit of the Department of Human Resources. If the information is received by a teacher, such person may, in place of said report, immediately notify the principal or his designee, who shall make such report. The initial report may be an oral report but such report shall be reduced to writing. The person required to make the report shall disclose all information which is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the Child Protective Services Unit staff member investigating the reported case of child abuse or neglect any records or reports which document the basis for the report. (Section 63.1-248.3, Subsection A)

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[1] Virginia

CHILD ABUSE AND NEGLECT (Cont'd)

Any person required to file a report, and is found guilty of failure to do so, shall be fined not more than five hundred dollars for the first failure and for any subsequent failures not less than one hundred dollars nor more than one thousand dollars. (Section 63.1-248.3, Subsection B)

Any person participating in making such report or participating in a judicial proceeding resulting from such report shall be immune from any civil liability in connection with such report unless such person is proved to have acted in bad faith or with malicious intent. (Section 63.1-248.5)

Any person required to make a report or investigation may talk to any child suspected of being abused or any of his siblings without consent of his parent or guardian. (Section 63.1-248.10)

II. Procedures

A. Any employee of the School Board who observes any evidence or has any suspicion of physical, sexual or mental abuse or neglect of a child shall report this to the school principal.

B. In cases of physical evidence of abuse, the principal shall have the school nurse inspect the child and record what she sees in the medical-nursing record.

C. In cases of neglect or mental abuse, the principal shall meet with the staff member making the original report, the pupil personnel team, and the school nurse to define the extent of abuse or neglect.

D. The report shall be made by the principal, or designee, to the Child Protective Services Unit of the Department of Human Resources. If the report is made verbally, it shall be followed immediately by a written report.

SAMPLE STATE LAW

63.1-239 PUBLIC WELFARE LAWS[1] 63.1-248.1

CHAPTER 12

CARE OF DELINQUENT CHILDREN COMMITTED TO THE STATE BOARD

63.1-239 to 63.1-248: Repealed by Acts 1974, cc. 44, 45.

CHAPTER 12.1

CHILD ABUSE AND NEGLECT

Sec.

63.1-248.1. Policy of the State.
63.1-248.2. Definitions.
63.1-248.3. Physicians, nurses, teachers, etc. to report certain injuries to children; penalty for failure to report.
63.1-248.4. Complaints by others of certain injuries to children.
63.1-248.5. Immunity of person making report, etc., from liability.
63.1-248.6. Local departments to establish child-protective services; duties.
63.1-248.7. Establishment of Child-Protective Services Unit; duties.
63.1-248.8. Central registry; disclosure of information.
63.1-248.9. Authority to take child into custody.
63.1-248.10. Authority to talk to child or sibling.
63.1-248.11. Physician-patient and husband-wife privileges inapplicable.
63.1-248.12. Appointment of attorney as guardian ad litem for child.
63.1-248.13. Photographs and X-rays of child; use as evidence.
63.1-248.14. Court may order certain examination.
63.1-248.15. Prima facie evidence for removal of child custody.
63.1-248.16. Creation of advisory committee.
63.1-248.17. Cooperation by State entities.

63.1-248.1. POLICY OF THE STATE.- The General Assembly declares that it is the policy of this Commonwealth to require reports of suspected child abuse and neglect for the purpose of identifying children who are being abused or neglected, of assuring that protective services will be made available to an abused or neglected child in order to protect such a child and his siblings and to prevent further abuse or neglect, and of preserving the family life of the parents and children, where possible, by enhancing parental capacity for adequate child care (1975, c. 341.)

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[1] Virginia

63.1-248.2. DEFINITIONS.- The following terms, when used in this chapter, shall have the meanings respectively set forth below unless a different meaning is clearly required by the context:

A. "Abused or neglected child" shall mean any child less than eighteen years of age whose parents or other person responsible for his care:
   1. Creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, impairment of bodily or mental functions;
   2. Neglects or refuses to provide care necessary for his health; provided, however, that no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be an abused or neglected child;
   3. Abandons such child; or
   4. Commits or allows to be committed any sexual act upon a child in violation of the law.

B. "Department" shall mean the State Department of Welfare.

C. "Local department" shall mean the department of public welfare or social services of any county or city in this Commonwealth.

D. "Report" shall mean an official document on which information is given concerning abuse and neglect and which is required to be made by persons designated herein and by local departments in those situations in which investigation of a complaint from the general public reveals suspected abuse or neglect.

E. "Complaint" shall mean any information or allegation of abuse or neglect made orally or in writing other than the reports referred to above.

F. "The court" shall mean the juvenile and domestic relations district court of the county or city. (1975, c. 341.)

63.1-248.3. PHYSICIANS, NURSES, TEACHERS, ETC., TO REPORT CERTAIN INJURIES TO CHILDREN: PENALTY FOR FAILURE TO REPORT.

A. Any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, any person employed as a social worker, any probation officer, any teacher or other person employed in a public or private school, kindergarten or nursery school, any person providing full or part-time child care for pay on a regularly planned basis, any duly accredited Christian Science practitioner, any mental health professional and any law-enforcement officer, in his professional or official capacity, who has reason to suspect that a child is an abused or neglected child, shall report the matter immediately, except as hereinafter provided, to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred. If neither locality is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered. If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the juvenile and domestic relations district court of the county or city where the abuse or neglect was discovered. If the information is received by a teacher, staff member, resident, intern or nurse in the course of professional services in a hospital, school or similar institution, such person may, in place of said report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith. The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the State Board of Welfare. The person required to make the report shall disclose all information which is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department investigating the reported case of child abuse or neglect any records or reports which document the basis for the report.

B. Any person required to file a report pursuant to subsection A of this section who is found guilty of failure so to do shall be fined not more than five hundred dollars for the first failure and for any subsequent failures not less than one hundred dollars nor more than one thousand dollars (1975, c. 341; 1976, c. 348.)

63.1-248.4. COMPLAINTS BY OTHERS OF CERTAIN INJURIES TO CHILDREN.- Any person who suspects that a child is an abused or neglected child may make a complaint concerning such child, except as hereinafter provided, to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred. If an employee of the local department is suspected of abusing or neglecting a child, the complaint shall be made to the juvenile and domestic relations district court of the county or city where the abuse or neglect was discovered. Such a complaint may be oral or in writing and shall disclose all information which is the basis for the suspicion of abuse or neglect of the child (1975, c. 341; 1976, c. 348.)

63.1-248.5. IMMUNITY OF PERSON MAKING REPORT, ETC., FROM LIABILITY.- Any person making a report pursuant to Section 63.1-248.3, a complaint pursuant to Section 63.1-248.4, or who takes a child into custody pursuant to Section 63.1-248.9, or who participates in a judicial proceeding resulting therefrom shall be immune from any civil or criminal liability in connection therewith, unless it is proven that such person acted with malicious intent. (1975, c. 341.)

63.1-248.6. LOCAL DEPARTMENTS TO ESTABLISH CHILD-PROTECTIVE SERVICES; DUTIES.

A. Each local department shall establish child-protective services under a departmental coordinator within such department or with one or more adjacent local departments which shall be staffed with qualified personnel pursuant to regulations promulgated by the State Board of Welfare. The local department shall be the public agency responsible for receiving and investigating complaints and reports, except in cases where the reports or complaints are to be made to the juvenile and domestic relations district court. In such cases, the court shall be responsible for the investigation.

B. The local department shall insure, through its own personnel or through cooperative arrangements with other local agencies, the capability of receiving reports or complaints and responding to them promptly on a twenty-four hours a day, seven days per week basis.

C. The local department shall widely publicize a telephone number for receiving complaints and reports.

D. The local department shall upon receipt of a report or complaint:

1. Make immediate investigation;
2. When investigation of a complaint reveals cause to suspect abuse or neglect, complete a report and transmit it forthwith to the central registry;
3. When abuse or neglect is found, arrange for necessary protective and rehabilitative services to be provided to the child and his family;
4. If removal of the child or his siblings from his home is deemed necessary, petition the court for such removal;
5. When abuse or neglect is suspected in any cases involving death of a child or injury to the child in which a felony is also suspected for which the penalty prescribed by law is not less than five years imprisonment, report immediately to the Commonwealth's attorney;
6. Send a follow-up report based on the investigation to the central registry within fourteen days and at subsequent intervals to be determined by department regulation;
7. Determine within forty-five days if a report of abuse or neglect is founded or unfounded and transmit a report to such effect to the central registry;
8. If a report of abuse or neglect is unfounded, transmit a report to such effect to the complainant and parent or guardian and the person responsible for the care of the child in those cases where such person was suspected of abuse or neglect.

E. The local department shall foster, when practicable, the creation, maintenance and coordination of hospital and community-based multidiscipline teams which shall include where possible, but not be limited to, members of the medical, mental health, social work, nursing, education, legal and law enforcement professions. Such teams shall assist the local departments in identifying abused and neglected children, coordinating medical, social, and legal services for the children and their families, helping to develop innovative programs for detection and prevention of child abuse, promoting community concern and action in the area of child abuse and neglect, and disseminating information to the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat child abuse and neglect. The local department shall also coordinate its efforts in the provision of these services for abused and neglected children with the judge and staff of the court.

F. The local department shall report annually on its activities concerning abused and neglected children to the court and to the Child Protective Services Unit in the Department on forms provided by the Department. (1975, c. 341.)

63.1-248.7. ESTABLISHMENT OF CHILD-PROTECTIVE SERVICES UNIT; DUTIES.- There is created a Child-Protective Services Unit in the Department of Welfare. This Unit, pursuant to regulations of the Board of Welfare, shall have the following powers and duties:

A. To evaluate and strengthen all local, regional and State programs dealing with child abuse and neglect.
B. To assume primary responsibility for directing the planning and funding of child-protective services. This shall include reviewing and approving the annual proposed plans and budgets for protective services submitted by the local departments.
C. To assist in developing programs aimed at discovering and preventing the many factors causing child abuse and neglect.
D. To prepare and disseminate, including the presentation of, educational programs and materials on child abuse and neglect.
E. To provide educational programs for professionals required by law to make reports under this chapter.
F. To establish standards of training and provide educational programs to qualify workers in the field of child-protective services.
G. To help coordinate child-protective services at the State, regional, and local levels with the efforts of other State and voluntary social, medical and legal agencies.
H. To prepare an annual report to be submitted to the Commissioner of Public Welfare and the Governor. This report shall include a compilation of data from the central registry and will integrate the reports of the local departments.
I. To maintain a central State registry of all reports of child abuse and neglect within the Commonwealth.
J. To provide, by Department regulation, for methods to preserve the confidentiality of all records in order to protect the rights of the child, his parents or guardians. (1975, c. 341.)

63.1-248.8. CENTRAL REGISTRY; DISCLOSURE OF INFORMATION.- The central registry shall contain such information as shall be prescribed by Department regulation. The information contained in the central registry shall not be open to inspection by the public. However, appropriate disclosures may be made in accordance with department regulations. (1975, c. 341.)

63.1-248.9. AUTHORITY TO TAKE CHILD INTO CUSTODY.- A physician or protective-service worker of a local department or law enforcement official investigating a report or complaint of abuse and neglect may take a child into custody for up to seventy-two hours without prior approval of parents or guardians provided:

A. The circumstances of the child are such that continuing in his place of residence or in the care of custody of the parent, guardian, custodian or other person responsible for the child's care, presents an imminent danger to the child's life or health, and
B. A court order is not immediately obtainable; and
C. The court has set up procedures for placing such children; and
D. Following taking the child into custody, the parents or guardians are notified as soon as practicable that he is in custody; and
E. A report is made to the local department; and
F. The court is notified and a court order is obtained as soon as possible. (1975, c. 341.)

63.1-248.10. AUTHORITY TO TALK TO CHILD OR SIBLING.- Any person required to make a report or investigation pursuant to this chapter may talk to any child suspected of being abused or any of his siblings without consent of his parent or guardian. (1975, c. 341.)

63.1-248.11. PHYSICIAN-PATIENT AND HUSBAND-WIFE PRIVILEGES INAPPLICABLE.- In any legal proceeding resulting from the filing of any report or complaint pursuant to this chapter, the physician-patient and husband-wife privileges shall not apply. (1975, c. 341.)

63.1-248.12. APPOINTMENT OF ATTORNEY AS GUARDIAN AD LITEM FOR CHILD.- In any judicial proceeding involving an abused or neglected child, the court shall appoint a discreet and competent attorney-at-law as guardian ad litem to represent the child. (1975, c. 341.)

63.1-248.13. PHOTOGRAPHS AND X-RAYS OF CHILD; USE AS EVIDENCE.- In any case of suspected child abuse, photographs and X-rays of said child may be taken without the consent of the parent or other person responsible for such child as a part of the medical evaluation. Such photographs and X-rays may be introduced into evidence in any subsequent proceeding. (1975, c. 341.)

63.1-248-14. COURT MAY ORDER CERTAIN EXAMINATIONS.- The court may order psychological, psychiatric and physical examinations of the child alleged to be abused or neglected and of the parents, guardians, caretakers or siblings of a child suspected of being neglected or abused. (1975, c. 341; 1976 c. 186.)

63.1-248.15. PRIMA FACIE EVIDENCE FOR REMOVAL OF CHILD CUSTODY.- In the case of a petition in the court for removal of custody of a child alleged to have been abused or neglected, competent evidence by a physician that a child is abused or neglected shall constitute prima facie evidence to support such petition. (1975, c. 341.)

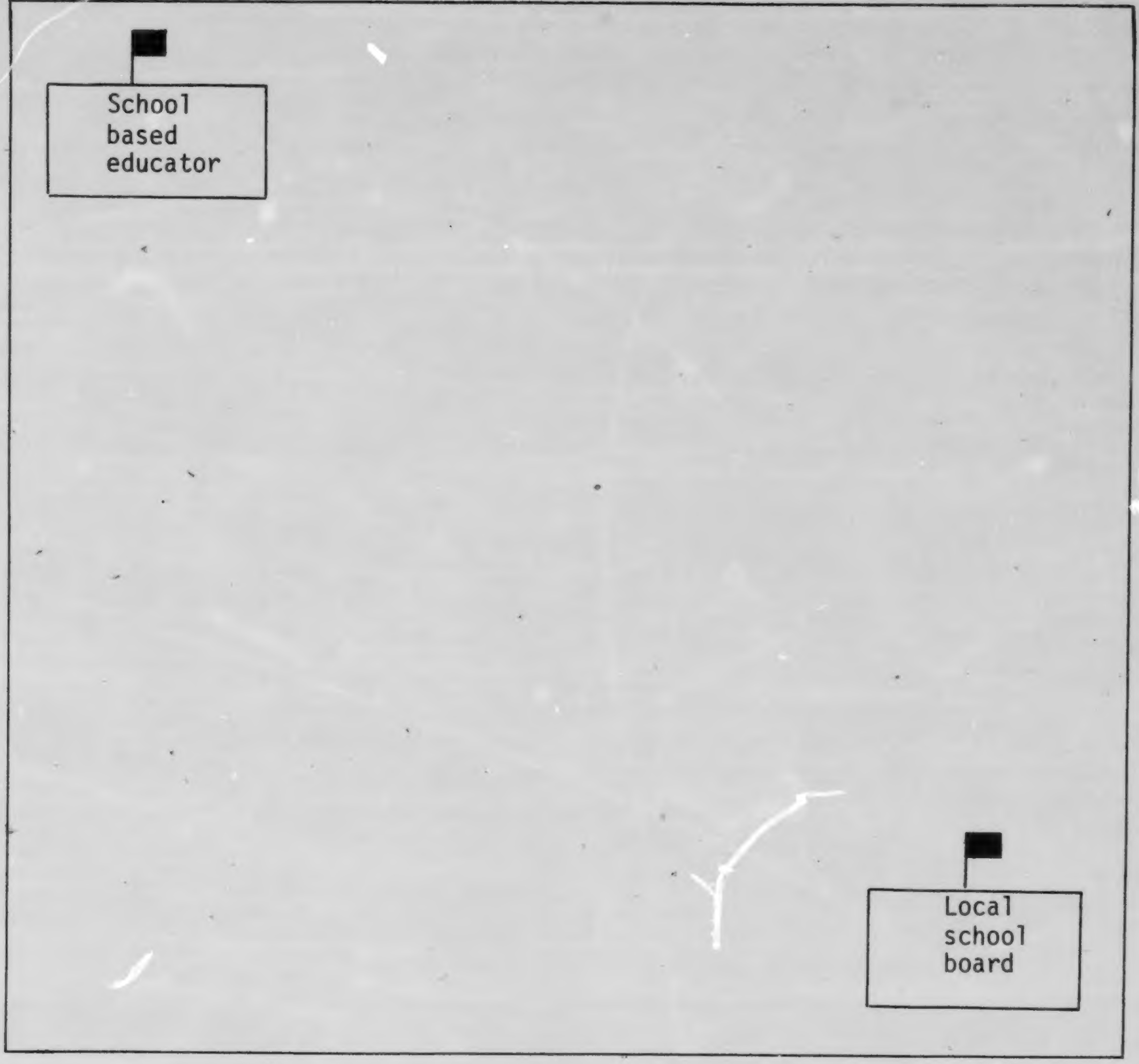
63.1-248.16. CREATION OF ADVISORY COMMITTEE.- There is hereby created an advisory committee to be composed of seven persons appointed by the Governor for three-year staggered terms, and permanent members including the Executive Director of the Virginia Commission for Children and Youth, the Superintendent of Public Instruction, the Commissioner of the Department of Health, the Commissioner of the Department of Mental Health and Mental Retardation, the Commissioner of the Department of Welfare, the Director of the Division of Youth Services and the Attorney General of Virginia, or their designees. The advisory committee shall meet quarterly and as the need may arise, to advise the Department, Board of Welfare and Governor on matters concerning programs for the prevention and treatment of abused and neglected children and their families. (1975, c. 341.)

63.1-248.17. COOPERATION BY STATE ENTITIES.- All law enforcement departments and other State and local departments, agencies, authorities and institutions shall cooperate with each child-protective services coordinator of a local department and any multi-discipline teams in the detection and prevention of child abuse. (1975, c. 341.)

POLICY ROADMAP

Instructions:

- Create a school system map to depict an internal route that an educator would follow to a school board in order to initiate or revise child abuse and neglect policy.
- Draw the diagram on a large sheet of newsprint. As a team, design an original graphic representing people and places that would be needed to support this action.
- After this task is completed, a member of each team will give directions to the total group, using the policy roadmap as a visual guide.



KNOWLEDGE REVIEW

Instructions: Check your rating for each objective in the appropriate box. Base your decisions on the learning experiences you have had during the first phase of training.

I know ...	Very well[a]	Adequately[b]	Not well[c]
1. Some conditions that lead to child abuse and neglect.			
2. The identified areas of child maltreatment with physical and behavioral indicators.			
3. Some current trends in protecting rights of children and families.			
4. The elements of an information-seeking interview as used by an educator.			
5. General reporting policies, immunities, and liabilities.			
6. Investigation procedures as they are used locally.			
7. Privacy rights of children and parents related to confidentiality of records and personal information.			
8. Types of court procedures and how the educator might be involved.			
9. Current mational trends in child abuse and neglect policy development.			
10. Basic elements of comprehensive child protection policy and procedures.			

[a] Very well = Knowledge is sufficient for present needs.
[b] Adequately = Have basic understanding - need further experience.
[c] Not well = Need further training.

AWARENESS REVIEW

I understand ...	Very well	Adequately	Not well
11. The relationship of stress factors to the vulnerable family.			
12. The legal and professional responsibilities of educators in child protection.			
13. The feelings and reactions of children experiencing abuse or neglect.			
14. The impact of personal values regarding cultural and economic differences as child abuse and neglect factors.			
15. Teacher behaviors that facilitate an initial interview with a child.			
16. The roles and functions of medical, legal, law enforcement, and social work personnel.			
17. Ways that role interpretations help or hinder the community response process.			
18. Family dynamics in a child maltreatment situation.			
19. How the school interfaces with other community structures in the development of a child abuse and neglect policy.			
20. How policy relates to child abuse and neglect program goals and objectives.			

Comments:

SKILL REVIEW

I can ...	Very well	Adequately	Not well
21. Observe outward and subtle behaviors that indicate child abuse and neglect.			
22. Conduct an initial child interview to gain information about possible maltreatment.			
23. Make an oral report concerning child abuse and neglect.			
24. Make a written report concerning a child maltreatment case.			
25. Talk with parents about family problems using helping skills.			
26. Deal with anger, hostility, and denial in a parent conference.			
27. Observe and identify behaviors that facilitate parent/educator communication.			
28. Participate in a multidisciplinary meeting in a collaborative way.			
29. Define general goals and purposes that enable child abuse and neglect program development.			
30. Influence child abuse and neglect policy development or revision, knowing the internal route to the school board.			

Comments:

RESOURCE MATERIALS
SESSION 5

LEGISLATION

In 1970 the Joint Commission on the Mental Health of Children proclaimed that children should be guaranteed seven inalienable rights:

1. The right to be wanted.
2. The right to be born healthy.
3. The right to live in a healthy environment.
4. The right to satisfaction of basic needs.
5. The right to continuous loving care.
6. The right to acquire the intellectual and emotional skills necessary to achieve individual aspirations and to cope effectively in our society.
7. The right to receive care and treatment through facilities which are appropriate to their needs and which keep them as closely as possible within their natural setting.

These rights, however, are not currently declared or protected under law. In the case of children, intervention by the state to ensure adequate provision of rights is complicated by the inalienable or natural right of a parent to raise a child as (s)he sees fit. The establishment of the juvenile court system around the turn of the century was based on the concept of parens patriae, whereby the state may intervene to protect the best interest of the child when the parent is unable or unwilling to provide adequate care. Its intent was to provide judges with greater flexibility when dealing with the problems of children. Since that time, the right to due process for children as well as adults increasingly has been recognized.

Parental Rights vs. Children's Rights

The doctrine of parental absolutism that evolved during the Babylonian, Hebrew, Greek, and finally the Roman societies died a natural death. However, much of the philosophy underlying that doctrine remains. The child may no longer be regarded as an economic unit, but the parent's interests in the parent-child relationship are still characterized as proprietary in nature: the rights of children are exercised by the parent. A child may legally exercise these rights only when (s)he is legally emancipated from his/her parents or when (s)he reaches the age of majority.

Today, the parent-child relationship is characterized as a presumptive parental right: American society presumes that a child's parent(s) wants to act in the child's best interests. Furthermore, it presumes that a parent does act in his/her child's best interests. These presumptions are overcome only when the facts in a particular case dramatically indicate otherwise. The presumption of right rests with the parent.

Parental rights are usually defined generically as the rights of care, custody, and control. Care, custody, and control include the right to name the child, to instill religious and political beliefs, to educate, to grant or withhold health care, and to discipline physically. In equally simplistic terms, the child does have a number of negative legal rights. He has the right of not being totally denied an education. He has the right of not being neglected to the point that his/her life or health is imminently threatened and the right of not being physically chastised to the point that his/her physical well being is endangered. The child's rights are described as negative legal rights because they come into being when parental behavior drops below some acceptable standard. Only after parents so grossly abuse their rights of care, custody, and control does the state intervene and delineate a child's rights. Then the state, under the doctrine of parens patriae as a guarantor of the child's negative legal rights, may intervene. If there is any intervention, the state must show an immediate and pressing danger to the child or to the interests of the state. In short, the state must rebut the presumption of parental right.

Some commentators have argued that a child is entitled to that standard of care and support that a "reasonably prudent man" would provide. Others have argued that a child is legally entitled only to that care and support which represents the minimum, accepted community standard. From a practical point of view, the latter opinion probably reflects more realistically that level of care to which a child is legally entitled. Courts seem to be extremely hesitant to intervene and to invoke the doctrine of parens patriae unless the level of care and support falls below what the community views as being minimally acceptable. In any event, the possibility of intervention rests on two assumptions: (1) that someone has identified and noted that the standard of care is below that which is accepted within the community; and (2) that somebody is willing to intervene.

It is axiomatic that there can be no intervention of any sort until the need is identified. But in many cases that is exactly the issue. Young children have no access to society as a whole. They have no access to the early identification of health and care needs. Too young to identify their own needs, too inarticulate to express their hurts, and unable to attract the attention of third parties, a child's access to needed health or medical care and to adequate food, clothing, and shelter rests with the absolute discretion of his/her caretakers. This, in turn, rests on the assumption that a child's parents can identify their child's needs and will provide the necessary care and support. From the day a child is born and leaves the hospital until the day that child enters school, the identification of needs (at whatever standard) and the delivery of needed services rests solely with his/her parents.

A Court for Children

At the beginning of the 1900's, juvenile courts began to appear in states throughout America. Recognizing that problems concerning children were complex matrices of medicine, psychology, and sociology, as well as the law, the juvenile courts took a different approach from the criminal courts of that time. Justified on the basis of parens patriae, the juvenile court gave its judges great flexibility in dealing with the problems of children.

It was hoped that a properly functioning juvenile court would provide safety and offer treatment for the child, not exact retribution. As the concept of the juvenile court evolved, its jurisdiction fell into three rather broad areas: juvenile delinquency, status offenses (acts which if perpetrated by adults would not constitute crimes and would not be actionable), and neglect (broadly interpreted to include abuse as well).

The Supreme Court, in the In Re Gault case, stated: "Neither the Fourteenth Amendment nor the Bill of Rights is for adults alone." In cases in which a child might be incarcerated, the court has said that a child does have the right to legal counsel, does have the right to receive adequate notice, does have the right to confront the accuser, does have the right of cross examination, and does have the right against self incrimination. In short, in those cases where a child's liberty might be deprived, (s)he has the right of due process. The In Re Gault case referred specifically to cases in which a child might be incarcerated; just how far these rights might be expanded in other areas has never been delineated. While it would seem to be axiomatic that a child should be represented in cases where his/her life is endangered as well as in cases where his/her liberty is endangered, the right of independent representation in cases of neglect has not been specified by the federal courts.

Current Federal Legislation

On January 31, 1974, the Child Abuse Prevention and Treatment Act (P.L. 93-247) was signed into law. The act established for the first time within the federal government a National Center on Child Abuse and Neglect. Responsibility for the activities of the Center was assigned to the US Department of Health, Education, and Welfare, which, in turn, placed the Center within the Children's Bureau of the Office of Child Development. This act does not alter the legal rights of children--abused, neglected, or otherwise. The traditional channels open through the court system for all children remain the same when applied specifically to abused and neglected children.

The act, however, does focus on the problem of abuse and neglect in our society and calls attention to its existence, scope, and urgency. Besides establishing the National Center on Child Abuse and Neglect, it gives a general definition of terms and provides for the appropriation of federal funds "for the purpose of assisting the states in developing, strengthening, and carrying out child abuse and neglect prevention and treatment programs." Most importantly, the act mandates that all states develop policies and procedures for the identification, reporting, investigation, and treatment of child abuse and neglect.

P.L. 93-247 does not specify how these policies and procedures should be designed. However, a Model Act published by The Early Childhood Task Force of the Education Commission of the States provides a guide that meets the requirements of the federal mandates. It outlines a model plan for dealing with child abuse and neglect on both the state and local levels. The act covers the following areas which must be included in a comprehensive policy:

- Operational definition of child abuse and neglect.
- Persons mandated to report.
- Reporting procedures.
- Immunity from liability.
- Abrogation of privileged communication.
- Consequences for failure to report.
- Responsibilities of child protective services.
- Procedures for enacting protective custody.
- Responsibilities of the local child protection team.
- Functions of the statewide child protection center and central registry.
- Confidentiality of records.
- Provision of a guardian ad litem for the child.
- Design for community education and training.

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SCHOOL POLICY

Need for Policy

Currently, educators in most states are required by law to report suspected cases of child abuse and neglect. In acknowledgment of this mandate, the involvement of educators largely has been in developing school policies that outline reporting procedures and offer training in the identification of abuse and neglect. Legal and professional responsibilities to the child and his/her family beyond reporting are not clear. However, given the existence of skilled and sensitive school personnel and the role of schools in providing services to children, educators indeed have a primary role in the prevention and treatment of child abuse and neglect. This responsibility calls for the design and enactment in every school system of policies, procedures, and regulations for dealing with child abuse and neglect.

Education can no longer avoid involvement. Legislative trends have left educators with two options: to develop policies and programs regarding child abuse, or to wait until policies are imposed through legislative or funding requirements. In short, educators must act, or they will have to react.

Provisions in the 1974 federal Child Abuse Prevention and Treatment Act (P.L. 93-247) are perhaps the clearest example of the imminence of this choice. To qualify for funding under the act, a state or its political subdivisions must meet ten requirements. At least three requirements directly involve education:

- The state must have administrative procedures, trained personnel, training procedures, institutional and other facilities, and multidisciplinary programs and services sufficient to ensure that child abuse and neglect laws are enforced and that suspected instances of abuse and neglect are reported.
- The state must provide for cooperation among law enforcement officials, courts of competent jurisdiction, and all appropriate state agencies providing human services for the prevention, treatment, and identification of child abuse and neglect.
- The state must provide for public dissemination of information on child abuse and neglect, as well as the facilities and the prevention and treatment methods available to combat the problem.

These requirements indicate that schools minimally could be required to adopt administrative and training procedures in regard to reporting, to adopt plans for cooperation with other agencies, or to add specific courses to their curricula.

Self determined policies allow schools to choose the flexibility and extent of their role in child abuse and neglect programs. Undoubtedly, such policies will have more impact and be more appropriate than those imposed from outside the education community. If education fails to take the initiative and waits for policies to be imposed from without, the public may well conclude that education is an unwilling advocate for the children who most need its help.

Whatever the nature and extent of the child abuse and neglect policies, programs, and procedures that are adopted, there will be financial implications. Any new program or redirection of existing programs requires a concurrent reallocation of resources--child abuse and neglect programs are no exception. But it is doubtful that the costs of child abuse and neglect programs could match the financial costs of the problem itself.

Considerations for Policy Development

A policy regarding child abuse and neglect is a commitment by the school (or other education group or institution) to cooperate with other agencies and professions in identification, treatment, and prevention programs. The ultimate purpose of a child abuse and neglect policy is to protect children whose health or welfare is threatened through nonaccidental injury or neglect by parents, guardians, or caretakers.

The first and strongest suggestion is that every school system adopt and issue a child abuse and neglect policy, particularly a policy on reporting. Almost every state reporting law requires or encourages school personnel to report suspected child abuse and neglect. An effective child abuse policy should inform school personnel of their legal obligations and immunities in regard to reporting, as well as inform the local community that school personnel are legally obligated or encouraged to report suspected child abuse and neglect.

Any policy regarding child abuse and neglect must be in compliance with state law. To ensure that a proposed policy complies with current statutes, consult an attorney or the state's attorney general.

A school policy need not be limited to secondary prevention measures. In its child abuse and neglect policy, a school system can specify its role in multidisciplinary cooperation, professional training, public awareness, and programs of primary prevention. School policy should establish a role for educators in the community multidisciplinary team. The simple process of articulating a clear position can help refocus current programs and even allow new program development.

Policy makers also may find it helpful to articulate a clear policy on evaluation of the school system's child abuse and neglect programs. What are the school system's goals regarding its child abuse and neglect programs? What are the expectations? Are they realistic, measurable? By spelling out realistic expectations and some means to evaluate goals regularly, policy makers can help ensure more effective programs.

A final suggestion: To be useful, the adopted policy must be widely disseminated. Distribute copies to all school employees and parents and throughout the community every year. Well conceived, clearly written, and fully circulated policy is an essential first step toward filling education's potential role in child abuse and neglect programs.

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RELATED SCHOOL CONCERNS

In addition to developing an operational policy for intervention in child abuse and neglect, schools need to define their procedures in regard to three related issues: records of abused and neglected children, absenteeism, and corporal punishment. Most schools have unspoken opinions and informal procedures for responding to these concerns. However, few have directly addressed the issues and defined their position regarding them. Although the issues can arouse strong emotional reactions in educators, their consideration is part of the school's responsibility in responding to the problem of child maltreatment.

Record Keeping

The collection of extensive data on students is being questioned by many educators in the field of special education. Information in a child's cumulative file can be misused to label, track, or influence attitudes toward the child. This raises the issue of whether to note in the school record the suspicion and/or reporting of abuse or neglect. In considering this question, the educator should evaluate the purpose for recording this information and weigh it against the effects it may have on the child in the future. The length of time the record remains on file should also be considered. Unless the file is actively used to benefit the child, there is no need for it to collect further data.

If the school favors extensive record keeping, efforts should be made to stress objective, factual information. In cases where a report of suspected child abuse and neglect has been filed, or a child has been judged to be abused or neglected, many school districts retain a copy of the original report of suspected child abuse and neglect in a central, confidential file for one school year. At the end of the year the file is destroyed, though statistical information may be retained. No notation of the report of suspected child abuse and neglect is made in the child's confidential record. If the child has been seen by a school nurse or doctor, the date and results of the examination, including any statement the child has made regarding the injury, are recorded factually in the child's health record. Only factual information is entered; interpretations and hypotheses are excluded.

WHO REPORTS

States and Territories	WHO MUST REPORT														
	Physician	Nurse	Surgeon	Osteopath	Dentist	Resident	Intern	Hospital/Institution Personnel	Practitioner of Healing Arts	Chiropractor	Optometrist	Podiatrist	Pharmacist	Mental Health Professional	Coroner/Medical Examiner
Alabama	X	X	X	X	X			X		X	X	X	X	X	X
Alaska	X	X	X	X	X			X	X	X	X			X	
Arizona	X	X	X	X	X	X	X			X		X		X	X
Arkansas	X	X	X	X	X	X	X	X						X	X
California	X	X	X		X	X	X	X		X		X			
Colorado	X	X	X	X	X		X	X		X		X		X	X
Connecticut	X	X	X	X	X	X	X			X	X	X		X	X
Delaware	X	X		X	X	X	X		X					X	X
District of Columbia	X														
Florida	X	X													
Georgia	X	X		X	X	X	X					X		X	
Hawaii	X	X		X	X				X						X
Idaho	X	X				X	X								X
Illinois	X	X	X	X	X			X		X		X			X
Indiana															
Iowa	X	X	X	X	X	X	X	X	X	X	X	X		X	
Kansas		X			X	X	X		X					X	
Kentucky	X	X		X	X	X	X	X		X	X			X	X
Louisiana	X	X				X	X	X							
Maine	X	X		X	X	X	X			X		X		X	X
Maryland	X	X	X		X	X	X		X					X	
Massachusetts	X	X			X		X								X
Michigan	X	X			X										X
Minnesota								X	X					X	
Mississippi	X	X			X	X	X							X	
Missouri	X	X			X	X	X	X	X	X	X	X		X	X
Montana	X	X													
Nebraska	X	X						X							
Nevada	X	X	X	X	X	X	X	X		X	X				
New Hampshire	X	X	X	X	X	X	X	X		X	X			X	X
New Jersey															
New Mexico	X	X				X	X								
New York	X	X	X	X	X	X	X	X		X	X	X		X	X
North Carolina	X	X	X	X	X	X	X	X		X	X	X		X	X
North Dakota	X	X			X						X			X	X
Ohio	X	X	X		X	X	X					X		X	X
Oklahoma	X	X	X	X	X	X	X								
Oregon	X	X			X	X	X			X	X			X	
Pennsylvania	X	X		X	X		X	X		X	X	X		X	X
Rhode Island															
South Carolina		X				X	X		X						
South Dakota	X	X	X	X	X	X	X			X	X	X		X	X
Tennessee															
Texas															
Utah															
Vermont	X	X	X	X	X	X	X	X		X					X
Virginia		X				X	X		X					X	
Washington	X	X	X	X	X				X	X	X	X	X	X	
West Virginia					X									X	
Wisconsin	X	X	X		X			X							
Wyoming	X	X	X	X	X	X	X			X		X	X		
America Samoa	X	X	X	X	X	X	X	X		X	X	X		X	X
Guam	X	X	X	X	X				X						X
Puerto Rico	X	X			X	X	X	X	X	X			X		
Virgin Islands	X	X			X			X						X	

WHO REPORTS

WHO MUST REPORT														WHO MAY REPORT	
Teachers	Other School Personnel	Social Services Worker	Law Enforcement Officer	Peace Officer	Police Officers	Probation Officer	Parole Officer	Religious Healing Practitioner	Child Care Institution/Worker	Clergyman	Attorney	Any Other Person	Others	States and Territories	Permissive Reporting
X	X	X	X	X					X				X	Alabama	●
X		X		X				X					X	Alaska	●
X	X	X		X									X	Arizona	
X	X	X	X	X					X					Arkansas	●
X	X	X						X	X	X				California	●
X	X	X						X	X				X	Colarado	●
X	X	X			X				X	X		X		Connecticut	
X	X	X										X		Delaware	
														District of Columbia	
X		X										X	X	Florida	
X	X	X	X						X					Georgia	●
X		X												Hawaii	●
X		X							X			X		Idaho	
X	X	X	X					X	X				X	Illinois	●
												X		Indiana	
X	X	X		X					X					Iowa	●
X	X	X	X											Kansas	●
X	X	X		X					X			X	X	Kentucky	
X		X										X	X	Louisiana	●
X	X	X	X					X	X					Maine	●
X	X	X	X		X	X	X						X	Maryland	
X	X	X			X	X							X	Massachusetts	●
X	X	X	X						X				X	Michigan	●
X	X	X	X						X					Minnesota	●
X	X	X	X						X	X				Mississippi	
X	X	X	X	X		X	X	X	X	X			X	Missouri	●
X		X	X								X	X		Montana	
X	X	X										X		Nebraska	
X	X	X							X	X	X			Nevada	●
X	X	X	X					X	X	X		X	X	New Hampshire	
												X		New Jersey	
X		X	X									X		New Mexico	
	X	X	X	X				X	X					New York	●
X	X	X	X					X					X	North Carolina	
X	X	X	X		X				X				X	North Dakota	●
X	X	X						X	X		X		X	Ohio	●
												X		Oklahoma	
X	X	X		X					X	X	X		X	Oregon	
X	X	X	X	X				X	X				X	Pennsylvania	●
												X		Rhode Island	
X		X										X		South Carolina	
X	X	X	X											South Dakota	●
												X		Tennessee	
												X		Texas	
												X		Utah	
					X								X	Vermont	●
X	X	X	X			X		X	X				X	Virginia	●
X	X	X						X	X				X	Washington	●
X	X	X	X	X				X	X				X	West Virginia	●
	X	X												Wisconsin	
X	X	X										X	X	Wyoming	
X	X	X	X	X				X	X					America Samoa	●
X		X												Guam	
X	X	X							X			X		Puerto Rico	
X	X	X	X	X					X				X	Virgin Islands	●

IMMUNITY FOR REPORTERS

States and Territories	Civil and Criminal Immunity in Making of a Report	Immunity for the Taking of Photographs	Immunity in Resulting Judicial Proceedings	Requirement of Good Faith	Good Faith Presumed
Alabama	X		X		
Alaska	X		X	X	
Arizona	X		X	X	
Arkansas	X	X			X
California	X		X	X	
Colorado	X	X	X		X
Connecticut	X			X	
Delaware	X		X	X	
District of Columbia	X		X	X	
Florida	X		X		X
Georgia	X		X	X	
Hawaii	X		X	X	
Idaho	X		X	X	
Illinois	X	X	X		X
Indiana	X		X	X	
Iowa	X		X	X	
Kansas	X		X	X	
Kentucky	X		X	X	
Louisiana	X		X	X	
Maine	X		X		X
Maryland	X		X	X	
Massachusetts	X			X	X
Michigan	X	X			X
Minnesota	X			X	
Mississippi	X		X		X
Missouri	X	X	X	X	
Montana	X		X		X
Nebraska	X		X	X	
Nevada	X		X	X	
New Hampshire	X		X	X	
New Jersey	X		X	X	
New Mexico	X		X		X
New York	X	X			X
North Carolina	X		X	X	
North Dakota	X			X	X
Ohio	X		X		
Oklahoma	X		X	X	
Oregon	X		X	X	
Pennsylvania	X	X	X	X	X
Rhode Island	X		X	X	
South Carolina	X		X	X	
South Dakota	X		X	X	
Tennessee	X				X
Texas	X		X	X	
Utah	X		X	X	
Vermont	X		X	X	
Virginia	X		X	X	
Washington	X		X	X	
West Virginia	X	X		X	
Wisconsin	X		X	X	
Wyoming	X		X	X	
America Samoa	X	X		X	X
Guam	X			X	
Puerto Rico	X				
Virgin Islands	X	X		X	

REPORTING PROCEDURE

States and Territories	Orally, Followed By Writing	Time When Writing is Due	As Soon As Possible (ASAP) or Not Specified (NS)	Orally Only	Orally or In Writing	Orally, Then In Writing If Requested	Time When Due, If Requested	Not Specified
Alabama	X		NS					
Alaska								X
Arizona								X
Arkansas						X	48 hours	
California	X	36 hours						
Colorado						X	NS	
Connecticut	X	72 hours						
Delaware						X	NS	
District of Columbia	X		ASAP					
Florida	X		ASAP					
Georgia						X	NS	
Hawaii	X		ASAP					
Idaho								X
Illinois	X	24 hours						
Indiana								X
Iowa	X	48 hours						
Kansas						X	NS	
Kentucky						X	48 hours	
Louisiana	X	5 days						
Maine						X	48 hours	
Maryland	X	48 hours						
Massachusetts	X	48 hours						
Michigan	X	72 hours						
Minnesota	X		ASAP					
Mississippi	X		ASAP					
Missouri	X	48 hours						
Montana								X
Nebraska	X		NS					
Nevada	X		ASAP					
New Hampshire						X	48 hours	
New Jersey								X
New Mexico	X		ASAP					
New York	X	48 hours						
North Carolina					X			
North Dakota					X	X	48 hours	
Ohio						X	NS	
Oklahoma	X		ASAP					
Oregon				X				
Pennsylvania	X	48 hours						
Rhode Island	X		NS					
South Carolina				X				
South Dakota				X				
Tennessee				X				
Texas	X	5 days						
Utah					X			
Vermont	X	7 days						
Virginia	X		NS					
Washington						X	NS	
West Virginia						X	48 hours	
Wisconsin	X		NS					
Wyoming						X	NS	
America Samoa						X	48 hours	
Guam	X		ASAP					
Puerto Rico								48
Virgin Islands						X	48 hours	

If the child has been adjudicated abused or neglected ("dependent" in some states) and the school has been involved in treatment or rehabilitation of the child or family, that fact is noted in the child's confidential record. Again, only essential information is included; the record, after all, will be seen by many people during the years the child is in school. Most of these people have no need to know that a child was once found to be abused or neglected, particularly if the situation has changed or stabilized. It is as important to avoid unnecessarily labeling children "abused" or "neglected" as it is to avoid labeling them in any other way.

Educators are well aware of confidentiality concerns in regard to student records. The same guidelines for information dissemination outlined in P.L. 94-142 and the federal Family Educational Rights and Privacy Act (FERPA) apply to school records regarding child abuse and neglect.

Chronic Absenteeism

In many states it is against the law to be absent from school for a significant duration without sufficient reason. Chronic absenteeism can be a symptom of a variety of problems: difficulties at home, delinquency, phobia for or rejection of school. Legally, chronic absenteeism is attributed to neglectful behavior by the parents, although educators are well aware that it is often instigated by the child. Schools, however, are also partially to blame for this problem by failing to meet the needs of all children. Getting the lost child back into the school in order to implement a productive program for him/her is no easy task.

How this problem is addressed will vary from school to school. The focus--the child or the parent--will vary from case to case. However, avoidance or delay of intervention could be considered child neglect on the part of the school. It would be an irony for educators to intervene in neglectful family systems while their own system perpetuates the neglect of children.

Corporal Punishment

It would also be ironic for the educator to intervene in abusive family systems if physical abuse of children exists within the school system. The issue of corporal punishment in schools requires careful examination. Schools serve as a model to parents and society in the way they interact with children. Educators also send messages to children that reflect their position, role, and value. Children are sensitive to these subtle messages and incorporate them when defining their self concepts. It may be helpful for the educator to view discipline as a means of guiding children in their self development. Efforts should be made to use this guidance to benefit children and help them understand themselves better.

In thinking about the use of corporal punishment, one must acknowledge the fact that teachers too are human. Like parents, they can become overly angry with a child and mete out excessive punishment. Again, the delineation between discipline and abuse is introduced.

In a synethesis of the literature, Feshback and Feshback (1975) conclude that punishment is ineffective and even counterproductive toward the goal of suppressing undesirable behavior. They point to the demonstrated positive correlation between parental punishment and delinquent, antisocial behavior of adolescents. Feshback and Feshback reach a conclusion that educators will find thought-provoking:

> The use of corporal punishment--by the state, by the school or by the parent--is simply a poor method of socializing children. Obviously, an occasional spank is not going to traumatize a child, destroy the spirit, or make one anxious and hostile. However, the use of corporal punishment, by schools and by parents, as a prescribed mode of discipline for certain infractions, is objectionable. It sets a poor example for the child. It teaches the child that physical punishment is the appropriate response to use in conflict situations.

The nonpunitive techniques and methods we use in classrooms and schools to influence child behavior are those that often may transfer directly, or with minor modifications, to parent-child relationships. The teacher, counselor, special educator, and other school personnel's skills for such things as structuring the environment to avoid conflict, actively listening to children, using contingency management, contracting, and other behavioral techniques together with sensitivity for individual developmental levels may be imparted under the right circumstances to parents in need. Parents at risk to abuse or neglect their children have many needs for support and assistance. One is for finding new and more functional methods for getting along with their children and influencing their behavior. Educators may partially fulfill this need through their modeling role.

It is evident that alternate forms of behavioral control can benefit both the child and parent, as well as the teacher and general classroom environment. Discouraging the general use of corporal punishment may be another way the school can help in the prevention of child abuse and neglect.

Reference

Feshback, N. D., & Feshback, S. Punishment: Parent rites vs. children rights. Paper presented at the annual meeting of the American Psychological Association, Chicago, August 1975.

WE CAN HELP

Session 6

Contents

- 3 Transparencies (pages 1-3)
- Role Cards (page 4)
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- Resource Materials (pages 9-12)

EC 120 694

THE COUNCIL FOR EXCEPTIONAL CHILDREN

DEFINITIONS:

ORGANIZATIONAL DEVELOPMENT

STRUCTURES THAT DEFINE GOALS AND COORDINATE POLICY ENABLING SERVICE PLANNING AND DELIVERY TO OCCUR.

PRIMARY RESPONSIBILITY - ADMINISTRATION

STRUCTURE - SCHOOL BASED SPECIAL SERVICES TEAM.

PROGRAM DEVELOPMENT

ACTIVITIES DESIGNED TO MEET SPECIFIC OBJECTIVES THAT RESULT IN DIRECT SERVICE.

PRIMARY RESPONSIBILITY - STAFF.

ACTIVITIES - EDUCATIONAL ASSESSMENT, REMEDIATION, COUNSELING, SUPPLEMENTARY HEALTH AND NUTRITION SERVICE, CAREER TRAINING, RECREATION, FAMILY ASSISTANCE.

STAGES OF TEAM DEVELOPMENT

STAGE 1: ESTABLISH A TEAM WITH

POLICY OR DIRECTIVE
ADMINISTRATOR COMMITMENT
IDENTIFIED MEMBERS
OPERATING PROCEDURES

STAGE 2: BUILD A TEAM

AGREE ON ACTION GOALS
IDENTIFY TEAM RESOURCES
OPEN COMMUNICATION CHANNELS
CLARIFY ROLES
SHARE LEADERSHIP ROLES
DEVELOP AN ACTION PLAN
DESIGNATE RESPONSIBILITIES

STAGE 3: MAINTAIN A TEAM

EVALUATE ACTION PLANS IN RELATIONSHIP TO GOALS
APPLY APPROPRIATE PROCESSES FOR DECISION MAKING
APPLY APPROPRIATE METHODS FOR MANAGING CONFLICT
UTILIZE RESOURCES
EVALUATE TEAM INTERACTION AND INVOLVEMENT LEVELS

CASE STUDY

Ralph is a 13 year old boy who is presently attending a special school for emotionally disturbed students. He was placed in the school as a result of a recommendation from the community child protection team. Last year Ralph was severely beaten by his mother, who believes in physical punishment. His regular class teacher was constantly dealing with Ralph's emotional outbursts that usually ended by his running out of the room. He could not concentrate on his work and never finished assignments even though he was academically on grade level in all his subjects. Because he alienated his classmates, they socially isolated him from activities. When he limped into class one day, the teacher became concerned and discovered whipmarks were causing the pain. During the year both Ralph and his mother have been receiving counseling. It is now December and Ralph has made significant progress behaviorally. The junior high school team is meeting with the special center staff to recommend class placement for the coming semester. The mother is not present at this meeting.

CLASSROOM TEACHER

Position: Very opposed to child returning to your class.

Primary leadership function:

Clarifying

PRINCIPAL

Position: Very skeptical. You begin the meeting and keep it going.

Primary leadership function.

Initiating

SPECIAL EDUCATION TEACHER FROM SPECIAL SCHOOL

Position: Wants child to return to regular class.

Primary leadership function:

Summarizing

SPECIAL SCHOOL PRINCIPAL

Position: Feels child should return to school and maintain support services to family.

Primary leadership functions:

Harmonizing and compromising

COUNSELOR ROLE

Position: Opposed to child returning to the Junior High School.

Primary leadership function:

Consensus Testing

SCHOOL SOCIAL WORKER

Position: Wants child to remain at special school during family treatment.

Primary leadership function:

Information or opinion seeking

PSYCHOLOGIST ROLE

Position: No big investment either way.

Primary leadership functions:

Information giving and gate keeping

SCHOOL NURSE ROLE

Position: In favor of having child back in the Junior High School.

Primary leadership functions:

Encouraging and expressing group feelings

Role cards should be photocopied and cut apart as described in the manual.

INVOLVEMENT REVIEW

Instructions: When you have finished the following exercise, discuss aspects of your involvement with the other group members.

- On a scale of 1 to 6, to what degree have you felt involved in the training program thus far.

Little involvement					High involvement
1	2	3	4	5	6

- List three factors that caused you to feel involved.

  1.

  2.

  3.

- List three factors that caused you to feel less involved.

  1.

  2.

  3.

- Jot down two or three reasons that caused you to become actively involved in groups.

FEEDBACK GUIDELINES

1. Feedback must be wanted or requested. It should be asked for, not imposed. It should be in the hands of the receiver, in that he/she asks for it and then controls how much of it he/she gets, its contents, and its depth.

2. Feedback is given for the benefit of the receiver. It is given to be helpful to the receiver, not to vent the feelings of the giver. The giving of feedback does not obligate the receiver to change. The receiver of feedback can accept or reject the information and use it in any way he/she wishes.

3. Feedback is only the perception of the giver. It is neither right nor wrong. It expresses only his/her perception or feelings at the time it is given.

4. Since feedback is only the perception of the giver, both parties may wish to check with others who are present for their perceptions of the situation.

5. Feedback is more meaningful when it closely follows the event. It is very difficult to reconstruct situations when several days or even weeks have passed.

6. Feedback can be better understood and used when it is specific rather than general. To be told that one is "dominating" is not as useful as to be told the specific behavior, such as talking and not listening, that makes the receiver seem that way.

7. Feedback will be received less defensively if it is descriptive rather than evaluative. To describe a person's behavior or to describe one's reaction to it in words such as "I felt left out when you cut me off" is more useful than to say "You always cut people off."

8. Feedback should be useful and meaningful. It should be important enough to affect the receiver and directed toward behavior that can be changed. When feedback is too shallow, it's useless; when directed toward unchangeable behavior, it leads only to increased frustration.

INDIVIDUAL RESOURCE INTERVIEW

After the interview you will briefly share this information with your team.

1. What is your present role and what are your related activities?

2. What is one thing you are good at?

3. What is an issue or belief you feel strongly about?

4. What is your greatest personal achievement?

5. What personal resources do you have to offer a team working with child abuse and neglect problems?

6. What are three qualities you would like to be remembered by?

Note: Share with the person you interviewed one thing you heard or observed that would be supportive feedback (refer to guidelines).

OBSERVER GUIDE

EFFECTIVE GROUP EXERCISE

Maintenance Functions		Task Functions	
1. ENCOURAGING. Being friendly, warm, and respectful of others, showing regard for others, e.g., I think it's good that so many members could be here tonight.		1.INITIATING: Proposing tasks, goals, or actions; defining group problems; suggesting a procedure; e.g., Let's write the ideas we have on the board and analyze them.	
2. EXPRESSING GROUP FEELINGS: Sensing feelings within the group and sharing feelings with other members; e.g., I think we all need a coffee break.		2. INFORMATION OR OPINION SEEKING: Requesting facts or information about group concerns; e.g., How many people are going to attend?	
3. HARMONIZING: Attempting to reconcile disagreements; reducing tensions; getting people to explore differences; e.g. Perhaps you would both be better off if you would be specific rather than just accuse one another.		3. INFORMATION GIVING: Providing facts or information about group concerns; e.g., In the past 5 years, we have collected only 90% of the amount expected.	
4. COMPROMISING: When ideas or status are involved in a conflict, offering a compromise that yields status, or admits error; e.g., I appreciate Jane's idea as one way of moving us toward our goal and since we're pretty evenly divided between support for her idea and support for my idea, I'd like to withdraw mine and suggest we concentrate on developing Jane's.		4. CONSENSUS TESTING: Checking with the group to see how much agreement has been reached; e.g., Does anyone object to our doing this?	
5. GATE KEEPING: Attempting to keep communication channels open, facilitating the participation of others, suggesting procedures that permit sharing remarks; e.g., John is trying to say something and is being cut off.		5. SUMMARIZING: Pulling together related ideas, restating suggestions; offering a decision or conclusion for group to consider; e.g., Those who have spoken thus far seem to have made these points, etc.	
6. PROCESS OBSERVING: Watching how the group is operating and sharing these perceptions with the group; e.g., Haven't we gone pretty far afield in this duscussion?		6. CLARIFYING: Interpreting ideas or suggestions; clarifying issues before group; e.g., I think what she means is that we do not know if we can afford that contribution.	

RESOURCE MATERIALS
SESSION 6

THE SCHOOL BASED TEAM[1]

Rationale

The number and intensity of problems facing the classroom teacher make it desirable to establish a formal support structure and process for the efficient and effective delivery of special services to the student and teacher. In addition, the special services the school may be called on to provide the abused or neglected child will require the coordination of a variety of school personnel and programs. This coordination and service delivery can best be organized and designed by the school based special services team. This team, through collective action, can provide objective analyses of student problems, eliminate staff conflicts in assigning responsibility for children in need of special programs, and utilize the skills and insight of professionals from several disciplines.

The school based team brings together general and special educators, nurses, paraprofessionals, social workers, and psychologists to discuss, analyze, and prescribe intervention for problematic behavior. The collective aspect of the special services team compensates for the weaknesses and draws on the strengths of individual team members. Since the task of the team is to see how the school's range of services can best be used to meet the needs of the student, the team focuses on the interaction of student, teacher, and program, and avoids the trap of locating the source of problems in the student. Teachers in a school are encouraged to refer to the team those students whose academic, social, emotional, or physical development is of concern. Although it serves as the official diagnostic and placement vehicle for handicapped children, the team also is the forum for discussion of all children who exhibit problematic behavior, whether or not they require special education.

Children who are abused or neglected exhibit both physical and psychological evidence of maltreatment. Most likely, they will have special needs. They may require special instructional help to overcome delays in cognitive development, behavioral intervention to learn more adaptive behaviors, and social and emotional support to develop self confidence and a sense of security. A skilled cadre of professionals and paraprofessionals within the school can identify these special needs and design appropriate programs to address them. In addition, the team can bring in necessary supportive services for the child and the family. As a result of recent federal and state legislation mandating the identification of and delivery of services to the handicapped, most schools now have school based teams operating effectively. It is most appropriate for these teams to become involved with child abuse and neglect.

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[1] Based on a presentation by Harriet Liebow (Prince George's County Public Schools, Maryland) at the Maryland State Council for Exceptional Children Convention, 1974.

Educational management skills and team coordination offer a perfect match to the larger community multidisciplinary team responsible for the treatment of abuse and neglect. Expertise in the development of individualized education programs can provide a model as well as an extension to an individualized family treatment program. While the major focus of school based programs is direct service to children, many schools offer both direct and indirect support to parents. Numerous early childhood programs exist which work directly with parents to assist them in understanding the development of their child and build their own skills to improve this development. Many schools offer direct counseling to parents. Others have the capability of working through parent/teacher associations to offer education and support to the community.

Members

The team is composed of all special services personnel (special education, reading, speech, counseling, etc.). It is vital that a school administrator assume leadership. In some cases physical education and music teachers and media specialists are valuable regular team members. The regular staff should be represented by at least one member, the assignment being made on a rotating basis. For those sessions during which a particular child will be discussed, the referring teacher is always included.

School social workers, psychologists, itinerant reading resource teachers, helping teachers, area supervisors, speech and hearing coordinators, and home teaching coordinators are other resources that might be included at meetings as needed.

Function

The responsibilities of the school based team include:

- Diagnosing needs of individual students or assigning responsibility for diagnosis.
- Programing for students with special needs.
- Consulting with teachers.
- Assigning responsibility for program implementation to specialists or classroom teachers.
- Evaluating prescribed programs.

Target Population

All children who are having academic, social, or emotional difficulty in the school program are referred by the classroom teachers to the team. The individual specialists will be concerned with the direct delivery of services or the design of programs for children who meet the criteria for serivce of their particular departments. Team consultation helps circumvent the arbitrary and often meaningless nature of the categories within which each department is forced to confine its services. It is likely that abused and neglected children would come to the attention of this team.

Meetings

Regularly scheduled weekly meetings, led by the principal or designated substitute with administrative authority, are essential. Each meeting should have an agenda determined ahead of time so that the number of children discussed is limited.

It is essential to include the referring classroom teacher and to provide for releasing that teacher from the classroom for the meeting. A team member should take minutes and make these available to the faculty. Appropriate members of the community multidisciplinary team and necessary school resource personnel should be present at these meetings.

Referral System

A referral form requesting information judged necessary by the special services team and the classroom teachers is given to a specified person, preferably the principal. One team member should be designated to gather all pertinent data available on the student to have it ready for the team. A brief preliminary meeting after the referrals have been collected may be necessary to determine the agenda. Formal referral procedures eliminate the difficulties arising from informal or verbal communication. At the junior high school level, particularly, it is essential to have a rigorously enforced referral system to avoid swamping the appropriately involved educator.

Contracting for Diagnoses and Programing

The decisions of the team concerning an individual child take the form of a contractual agreement between the referring teacher(s) and the team member(s) who will work with either the teacher or the child. The contract is for a specified time period, after which the team will evaluate progress or make specific assignments for another time period. This arrangement avoids placing total responsibility for the student's program with a single teacher. The child is still the responsibility of the total school, and assignment to a special teacher or classroom teacher by the team means that the person(s) is accountable to the team.

Getting Started

Most faculties and administrators seem to benefit from clarification of the roles and functions of specialized school personnel. The special teachers themselves often need such clarification. It has been productive to have this clarification take place at a general faculty meeting, where the faculty's questions can be answered by external consultants (i.e., area supervisors, itinerant reading, school social workers, etc.) who can explain school district policy and procedures as they apply to specific questions raised by teachers.

Once these questions have been answered, the principal can authorize a committee of specialists and regular faculty to design a system for the most effective use of these services in a particular school. Given the elements of the system (a team, a referral procedure, a contracting procedure), each school will develop the mechanics in a unique and relevant way. It is important that the special services teachers participate as peers with the regular teachers. Cooperative development means cooperative participation. The participation of the regular faculty in the planning and implementation of a special services team helps spread the word to the regular faculty about the actual services of the special teachers and can serve as a catalyst for change in the school.

The following items summarize the workings of a school based special services team:

- Regular meetings with fixed agendas.
- A representative team including regular and special teachers.
- An administrator leading the team.
- A formal referral system.
- Staff participation in the design of the referral system.
- Commitment of all members of the staff to operate within the agreed upon structure.
- A public verbal or written contract agreeing to the roles and responsibilities for program and services.

Whenever possible, the team should meet with the student to inform him or her of the team's plans and elicit his or her response and cooperation. It is important for the student to be aware of constructive, nonpunitive concern and of the rationale for what is happening during the planning process. Ideally, the student would be consulted throughout the planning process and would participate directly in designing the school program.

An efficient school based team has the potential for improving the delivery of school services to both children and parents. It is important that child abuse and neglect be addressed by a team to ensure the total involvement of the school. The problem is too difficult to be handled by a single educator or a handful of interested teachers. The support and backing of the administration, specialists, and general staff is required. A well defined procedure will also allow for efficient management of the problem and render schools capable of quality intervention for its remediation.

WE CAN HELP

Session 7

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THE COUNCIL FOR EXCEPTIONAL CHILDREN

EC 130694

FIVE WAYS OF MANAGING CONFLICT

1. **DENIAL OR WITHDRAWAL.** With this approach, a person attempts to "get rid of" conflict by denying that it exists. Usually it does not go away, but becomes unmanageable. This can be productive when the issue of timing is not critical.

2. **SUPPRESSION OR SMOOTHING OVER.** This approach plays down differences and does not recognize the value of handling conflict openly. It can be used productively when it is more important to preserve a relationship than to deal with an insignificant issue.

3. **POWER OR DOMINANCE.** This approach often is used to settle differences by authority or position. It results in winners and losers. It is appropriate for issues that are clear violations of established procedures. Voting is a way of exerting majority power. This method should be used as a last resort in small groups. Power can also be used by minority group pressure.

FIVE WAYS OF MANAGING CONFLICT (CONT'D.)

4. **COMPROMISE OR NEGOTIATION.** This approach is regarded as a virtue in our culture. it requires both involved parties to meet half way. Bargaining is limited if there is no commitment. It makes sense when resources are limited or it is necessary to forestall a win-lose situation.

5. **INTEGRATION OR COLLABORATION.** This approach requires that all parties to the conflict recognize the abilities and expertise of others. It emphasizes finding solutions rather than defending a position. The approach allows time for opinions to be modified, differences to be aired, and decisions to be agreed upon.

DECISION MAKING METHODS

1. Majority rule

Purpose: Used to produce a binding decision based on popular choice.

Method: Ask for aye and nay votes.

Results: Effective for quick decisions and large groups. Tends to split the group and reduce commitment of all members supporting the decision.

2. Minority rule

Purpose: Used to produce immediate action.

Method: Generally a few persons agree on a decision for the total group.

Results: This is effective when the minority group has been charged with decision making responsibility. Since remaining members may not be aware that a decision has been made, they may react negatively to the decision makers.

3. Authority rule

Purpose: Used by recognized or designated leader to make a decision.

Method: Members share ideas and authority figure decides, or unanimous support is solicited on an administrative decision.

Results: Effectiveness of this method depends on respect for the leader, nature of the issue, and voluntary agreement. Authority is used most appropriately for policy or procedure questions. Decisions may not receive 100% member support because of pressure or minimum involvement.

4. "Plop"

Purpose: Used when members fail to respond to ideas, opinions, or suggestions for action.

Method: No reaction is given to an idea that is presented.

Results: Since the idea is ignored, there is a silent decision not to decide. This may be useful if the issue is irrelevant or nonproductive. It can also produce group conflict.

5. Consensus

Purpose: Used to explore all viewpoints to arrive at a final decision with full group support.

Method: Agreement is sought by arguing positions, searching for alternatives, discussing advantages and disadvantages, and choosing the best solution.

Results: Usually effective because it elicits maximum member involvement and commitment to decision. Time consuming and ineffective in large groups.

CONFLICT STYLES—CASE ONE

Instructions: Rank the five alternative courses of action under each of the two cases below. Give the most desirable way of dealing with the conflict a "1" and the least appropriate a "5." Enter your rank for each action in the space next to each choice.

Mrs. Lally, a first grade teacher, discovered that a child in her class has cigarette burns on his back. She confirmed her suspicion with the school nurse who took a Polaroid picture of the injured area as evidence. Mrs. Lally then told the principal of her concern and asked him to call Protective Services. The principal was horrified at the idea that he should file a report of child abuse. He genuinely seemed to believe that such a thing could not happen in the Crestwood community and was upset that making a report would bring repercussions on the school from the local citizens. Mrs. Lally decided to make the report herself. Since that time the principal has not cooperated with Protective Services and has refused (to staff the child) for support services in the school. If you were Mrs. Lally you would:

_____A. Confront the principal outright and tell him you need to work together to help this child and his family.

_____B. Continue working without mentioning the case, hoping that somehow the situation will change in time.

_____C. Enlist the school psychologist, the school nurse, and the special education teacher to support your position by asking the principal to discuss the case at the next special services meeting.

_____D. Make an agreement with the principal that you will deal with the parents if he will help plan services.

_____E. Give the principal a lot of encouragement and positive feedback for the successful effects his efforts are having.

CONFLICT STYLES—CASE TWO

Mr. Williams, a teacher at Rolling Hills Junior High School, told his principal that Doreen, a 13 year old student, had run away from home. Doreen had recently been defiant to everyone in school, and her mother had told the school counselor that she was sorry she had ever adopted her. Mr. Williams called Protective Services and was referred to Mrs. Webb, a case worker assigned to handle child abuse and neglect reports. At first, Mrs. Webb tried to discourage Mr. Williams by saying she didn't think their agency was responsible for runaways. Besides, she had dealt with this family before with no success. At Mr. Williams insistence she agreed to check into the situation. After a week had passed, Mr. Williams called again and was told that due to a work overload, Doreen was not a priority case. After a month passed, Mr. Williams heard that Doreen was living in a campground outside town with a known prostitute. When he made Mrs. Webb aware of these circumstances, she suggested that he drop the case since Doreen was now in another school district. If you were Mr. Williams you would:

_____A. Ask the principal to call Mrs. Webb's supervisor to question the time delay in responding to this case.

_____B. Make a deal with Mrs. Webb that if she gives priority to the case you will organize school support services.

_____C. Let it go for now, hoping that eventually Mrs. Webb will initiate some action.

_____D. Call a meeting of Mrs. Webb and the school based team to determine if there is a way everyone can work together to help Doreen.

_____E. Continue encouraging Mrs. Webb, as tactfully as possible, to follow up on the case.

OBSERVER GUIDE

MANAGING CONFLICT

Instructions:

- Do not interact with the group.
- Look for behavior that deals with conflict or disagreement.
- Write down objective information such as direct quotes or descriptions of body language.
- Share your observations as factual information at the end of the session in a nonjudgmental way.

Identify a behavior	Feeling the behavior expresses	How behavior affected the group

MANAGING CONFLICT METHODS

1. Denial or withdrawal. A person using this approach attempts to get rid of conflict by denying that it exists. Usually the conflict does not go away, but becomes unmanageable. This approach can be productive when timing is not a critical issue.

2. Suppression or smoothing over. This approach plays down differences and does not recognize the value of handling conflict openly. It can be used productively when it is more important to preserve a relationship than to deal with an insignificant issue.

3. Power or dominance. This approach often is used to settle differences by authority or position. It results in winners and losers. It is appropriate for issues that involve clear violations of established procedures. Voting is a way of exerting majority power. This method should be used as a last resort in small groups. Minority group pressure is also an example of the use of power.

4. Compromise or negotiation. This approach is regarded as a virtue in our culture. It requires both involved parties to meet half way. Bargaining is limited if there is no commitment. It makes sense when resources are limited or if it is necessary to forestall a win-lose situation.

5. Integration or collaboration. This approach requires that all parties to the conflict recognize the abilities and expertise of others. It emphasizes finding solutions rather than defending positions. The approach allows time for opinions to be modified, differences to be aired, and decisions to be agreed upon.

RESOURCE MATERIALS
SESSION 7

TEAM COMMUNICATION

Rationale

Every group that meets often enough to have an ongoing life evidences certain similar phases of development--be it a school special services team, a standing committee, or a training group.

Dr. Warren G. Bennis and Dr. Herbert A. Shephard (1956) have developed a very useful theory of the phases of group development based on an analysis of many different groups in action. A group moves from one phase to another because of the standards, pressures, opposing forces, individual needs, member functions, and other such dynamics which are always present in any group. No matter how mature its members, the group itself must start as a child and may, therefore, experience growing pains as it develops to maturity.

Our recognition of the fact that every group goes through certain phases in its development, that it is at a given moment immature, maturing, or mature, and thus is neither a "bad" nor a "good" group, can free us from despair--just as we are freed from despair over whether little Leroy will ever grow up when we realize that he won't dump his pablum on the floor all of his life.

Stages in Group Development

Bennis and Shephard point out that underlying the ongoing life of every group is the basic problem of communication. A group lives in an atmosphere of uncertainty and moves from a greater to a lesser degree of uncertainty as it overcomes obstacles to communication.

Uncertainty in two major areas of a group's internal relations must be reduced before the group can cope with uncertainties in its external relations. These two areas of internal uncertainty revolve about the group's

- authority relations (members with the designated leader), and
- personal relations (members with one another).

Consequently, Bennis and Shephard, in the general structure of their theory, identify two major phases of group development: a group moves from preoccupation with the issue of power (authority relations) to preoccupation with the issue of intimacy (personal relations). It should be noted, however, that a group does not usually move steadily from one phase to the next. Generally, it slips back and forth in a halting pattern, or moves swiftly through several subphases, then slips back to another, then moves forward again.

Human interaction in groups has been a focus of social psychologists since the turn of the century. Many insights have been gained by examining group behavior norms in learning laboratories. It has been found that standards and pressures perform the function of stabilizing group life. These norms can provide a dependable structure if they are useful to the group's purpose. Several communication concepts can be learned that help a group utilize the capabilities of all its members. Practice can produce a more effective team effort.

The Supportive Atmosphere

When feedback follows exposure in an evaluative, punitive, or defensive climate, the result is resistance, defensiveness, and refusal to look at the feedback. All significant feedback is potentially damaging to the ego because it implies some kind of ideational or emotional inadequacy: the individual is being told that his/her ideas and feelings are inadequate. None of us adjusts easily to such attack, but when feedback occurs in an atmosphere of "support," we can adjust more readily to even the most critical and telling feedback.

Teamwork occurs best when the climate in the group is one of sharing in a quest for more, and more adequate, solutions to problems. When a group member feels the need to defend his/her ideas and feelings in the presence of others, (s)he is not free to collaborate creatively with others.

Each of us is motivated, at various times, to influence others, to punish others, and to express warmth and love toward others. Each of us must learn, in supportive interaction, ways of expressing emotions and feelings that will lead to satisfying and productive group relationships. Receiving meaningful and supportive feedback helps reduce anxiety and builds self confidence.

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Bennis, W. G., & Schein, E. H. Interpersonal dynamics. Homewood IL: Richard D. Irwin, 1964.

Bradford, Leland (Ed.). Group development. LaJolla CA: University Associates (7596 Eads Ave., 92307), 1974.

Miles, Matthew B. Learning to work in groups. New York: Columbia University, Teacher College Press, 1971.

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Shared Leadership Functions

Leadership is an action for which a person is specially fitted, not a title. Leadership is shared among the members of a group and is not the responsibility of just one person.

Exerting leadership means responding to the current needs of a group or organization with an action for which the "leader" is specially fitted, an action that helps meet those needs. For example, if I am inarticulate verbally yet warm in my ability to respond to people, when I see a group member becoming emotionally upset, I respond simply by putting my hand on that person's shoulder This action--doing something that the most articulate person in the group cannot do--might reach the person, thereby performing a needed leadership function at that moment.

Leadership is a living, functional thing--responding with appropriate action in the situation as it develops. This concept of functional leadership naturally leads to the second idea--shared leadership. Presumably, a group or organization is not composed of just one leader and several followers. If the leadership needs of a group are to be met, then the capacities of all members of the group are needed. Leadership is supplied by all members according to their individual abilities.

It is hard to imagine a working group that does not have two jobs: (1) performing a task, and (2) maintaining its own life. Often it is assumed that getting the task done is the group's only job. The second job is equally important, for the group must be held together as a group. A working relationship must be maintained among the members. Furthermore, individual members' needs for recognition, response, and security must be dealt with. Meeting these individual needs and maintaining creative relationships among members is what is meant by maintaining the group.

Trying to accomplish a task while ignoring the need to maintain the life of the group is like driving a car for thousands of miles without attending to upkeep. At some point the car will break down and will no longer be able to perform its task because it has not been adequately maintained.

It is also important to recognize that the task is as important as maintenance. The office where the coffee klatch takes over illustrates this point. Maintenance without task is as detrimental as task without maintenance.

So, as we live responsibly in a group, we live in tension between two equally important jobs a group must address. Successful performance of these jobs requires leadership.

Group Decision Making Process

Every group, while working toward its goal, constantly makes decisions--big decisions, little decisions, easy decisions, hard decisions, right decisions, wrong decisions, but always decisions, decisions, decisions.

Decision making thus is a continuing pattern of relationships among members of a group, a pattern over which every individual member has significant influence. The effect a single act--a bit of information here, a loud objection there, an expression of approval or hostility, envy or admiration, contempt or condescension--can have on an impending decision is amazing. So there is little wonder that group after group has difficulty making decisions. Some become paralyzed when confronted with a decision; some argue interminably over a minor point; others rush into a vote, only to reverse or fail to follow through on their decision later; still other groups appoint a committee or look for a savior (the chairperson) to save them from having to make a decision.

Difficulties in Decision Making

Most of the difficulties encountered by a group in making decisions center around one or another of the following factors:

- Fear of consequences. In some groups the possible outcomes of an impending decision may bring divisions and disagreements. Frank acknowledgment of these fears often suggests how they can be dealt with effectively.
- Conflicting loyalties. Membership in a number of groups frequently leads to divided loyalties. An atmosphere in which these conflicts can be brought into the open without threat to the individual greatly helps in their resolution.
- Interpersonal conflict. In groups of any size personal differences occur which provoke feelings of affection or antipathy among members and which inhibit sound decision making. Often another member who is not involved in the interpersonal conflict can bring the real problem into bolder relief.
- Methodological blundering. A group may be so bound by rigid procedures that there is little chance for free expression of differences. Or it may allow personal opinion to substitute for adequate data. Or a group may approach the decision making process without testing for consensus.
- Inadequate leadership. A designated leader falls short of his/her responsibilities when (s)he restricts the expression of opinion or discussion of issues, when (s)he fails to assist in the selection of appropriate methods for decision making, and when (s)he is insensitive to the factors causing difficulty--the motivations and standards of the group.

Conditions Relevant to Group Decision Making

There are many instances when the pressure of time, the type of decision, or the area of responsibility indicates that an individual, and not a group, may most appropriately make a decision. In other instances it is more appropriate that the group decide how to solve a particular problem. This might occur:

- When various points of view and opinions are needed.
- When the group is directly affected by the decision.
- When the group must carry out the decision.
- When the members have learned to work effectively together.
- When the leadership functions are shared.
- When decision making procedures appropriate to the problem are used.

Factors that Facilitate Group Decision Making

There are certain specific factors that affect any group situation and that serve especially to improve the decision making process:

- A clear definition of the problem.
- A clear understanding of who has what degree of responsibility for the decision.
- An effective means of producing and communicating ideas.
- A group size appropriate for decision making.
- An effective means of testing alternative solutions.
- An effective means of implementing the decision.
- The commitment of the designated leader to the group decision making process.
- Agreement on decision making procedures prior to deliberation on the issue.

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The Episcopal Church. Basic reader in human relations training. New York: Author, 1969.

Managing Conflict

In any group, conflict is inevitable because different people have different viewpoints. In a work group or organization, particularly, group members see the needs of the organization differently because of their different job orientations. For example, a sales representative and a manufacturing manager have different jobs: the sales rep wants to promise speedy delivery (a key point in making a sale), which requires large inventories in many field locations; the manufacturing manager, on the other hand, wants to keep inventories low since they tie up materials, storage space, and production schedules. A natural conflict exists between the marketing and manufacturing divisions, and management must find a way to handle these differences productively.

Even in marriage--the "group" that logically should be intimately concerned with mutual help and love for its members--there are disagreements and differences. Few married people will testify that their marriage is free from conflict.

Healthy Conflict

Since much conflict is natural, the goal of a group is not to eliminate conflict, but to view it as essentially healthy. It can be healthy if it is handled and resolved constructively. The group or organization is enhanced by exploring differences; new ideas and new learnings result. Usually when conflict is dealt with openly, people are stimulated to creativity, alternatives are considered, better ideas come forth, and a better course of action results.

Ways of Dealing with Organizational Conflict

There are five common ways of dealing with organizational conflict. Any one method will not apply to all situations or all personalities. The group leader must determine when to employ what style, and with whom. If one method has succeeded, the leader may use it to excess. Learning about the alternative means of handling conflict gives us a wider choice of actions in any given situation and makes us better able to tailor the response to the situation.

- Denial or withdrawal. A person using this approach attempts to "get rid of" conflict by denying, or refusing to acknowledge, that it exists. Usually, however, the conflict does not "go away"; it grows to the point where it becomes all but unmanageable. When the issue or the timing is not critical, denial may be the most productive way of dealing with conflict.

- Suppression or smoothing over. "We run a happy ship here." "Nice people don't fight." A person using suppression plays down differences and does not recognize the positive aspects of handling conflict openly. Again, the source of the conflict rarely goes away. Suppression may, however, be employed when it is more important to preserve a relationship than to deal with an insignificant issue through conflict.

- Power or dominance. Power is often used to settle differences. The source of the power may be vested in one's authority or position (including referral to "the system," higher supervision, and so on). Power may take the form of a majority (as in voting) or a persuasive minority. However, power strategies result in winners and losers, and the losers do not support a final decision in the same way that winners do. Future meetings of a group may be marred by the conscious or unconscious renewal of the struggle previously "settled" by the use of power. In some instances, especially when other forms of handling conflict are clearly inappropriate, power is effective. Voting is used in national elections, for example, and "the law" is applied equally to all.

- Compromise or negotiation. Although often regarded as a virtue in our culture, compromise ("You give a little and I'll give a little, and we'll meet each other halfway") has some serious drawbacks. Bargaining often causes both sides to assume an inflated position, since each side is aware that it is going to have to "give a little" and wants to buffer the loss. The compromise solution may be watered down or weakened to the point where it will not be effective. There is often little real commitment by any of the parties. Yet, there are times when compromise makes sense, such as when resources are limited or it is necessary to forestall a win-lose situation.

- Integration or collaboration. This approach requires that each party to the conflict recognize the abilities and expertise of the others. Each individual's position is well prepared, but the emphasis of the group is on trying to solve the problem at hand, rather than on defending particular positions or factions. All fully expect to modify their original views as the group's work progresses. Ultimately, the best of the group's thinking will emerge. The assumption is that the whole of the group effort exceeds the sum of the individual member's contributions. If this approach is allowed to become an either/or settlement or if the conflict is resolved--due to lack of time, money, or understanding--the final decision will suffer accordingly.

Conclusion

Knowing some of the different methods of dealing with conflict is extremely useful to anyone working with groups or organizations. A group leader who is aware of these methods, their advantages and disadvantages, will be more effective in handling conflict.

Additional Resources

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Walton, R. E. Interpersonal peacemaking: Confrontations and third-party consultation. Reading MA: Addison-Wesley, 1969.

WE CAN HELP

Session 8

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THE COUNCIL FOR EXCEPTIONAL CHILDREN

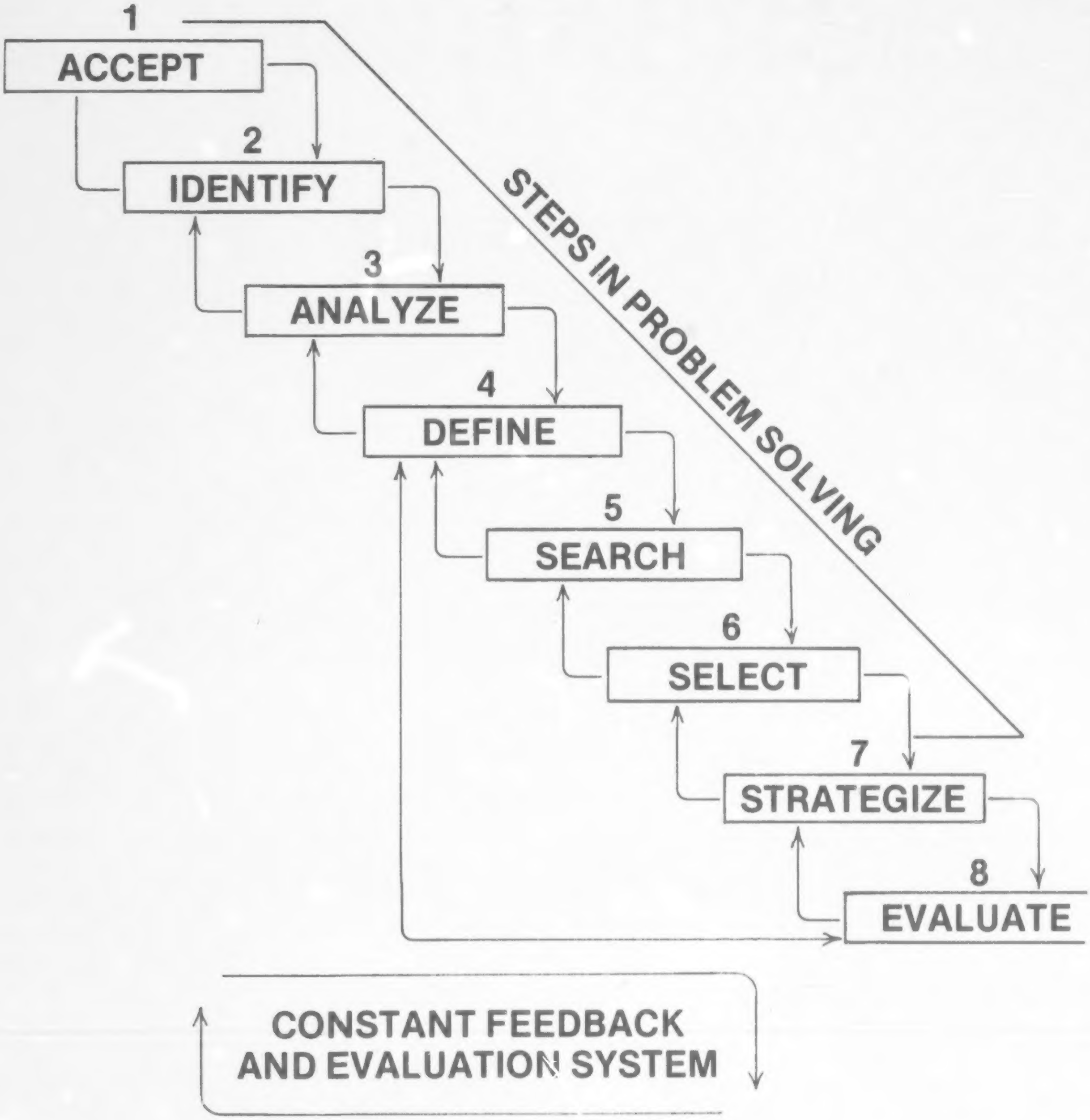
EC 120 694

PROBLEM SOLVING PRODUCES

CREATIVITY

AND SOLUTIONS

ACTION PLANNING PROCESS



STEPS IN PROBLEM SOLVING

1 ACCEPT

2 IDENTIFY

3 ANALYZE

4 DEFINE

5 SEARCH

6 SELECT

7 STRATEGIZE

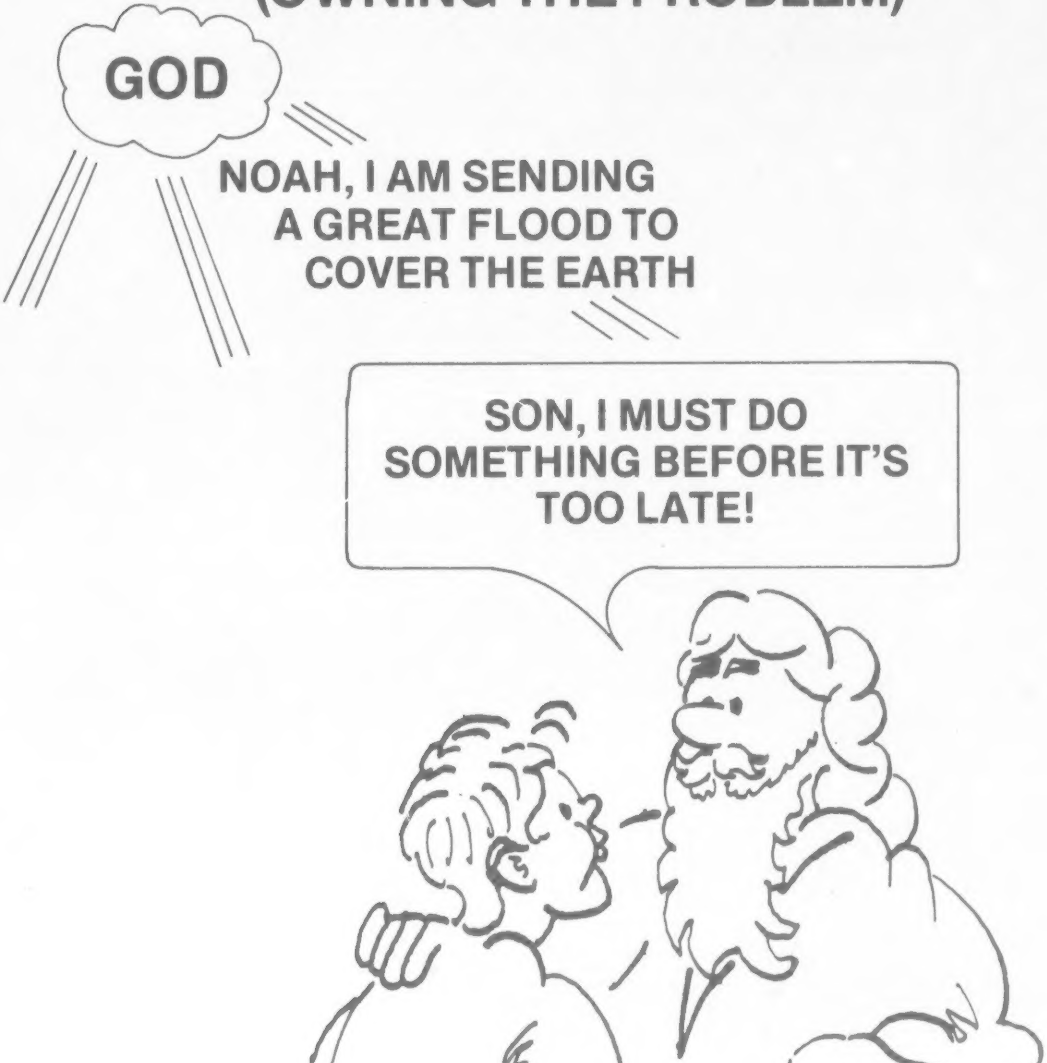
8 EVALUATE

CONSTANT FEEDBACK
AND EVALUATION SYSTEM

1

ACCEPT THE SITUATION

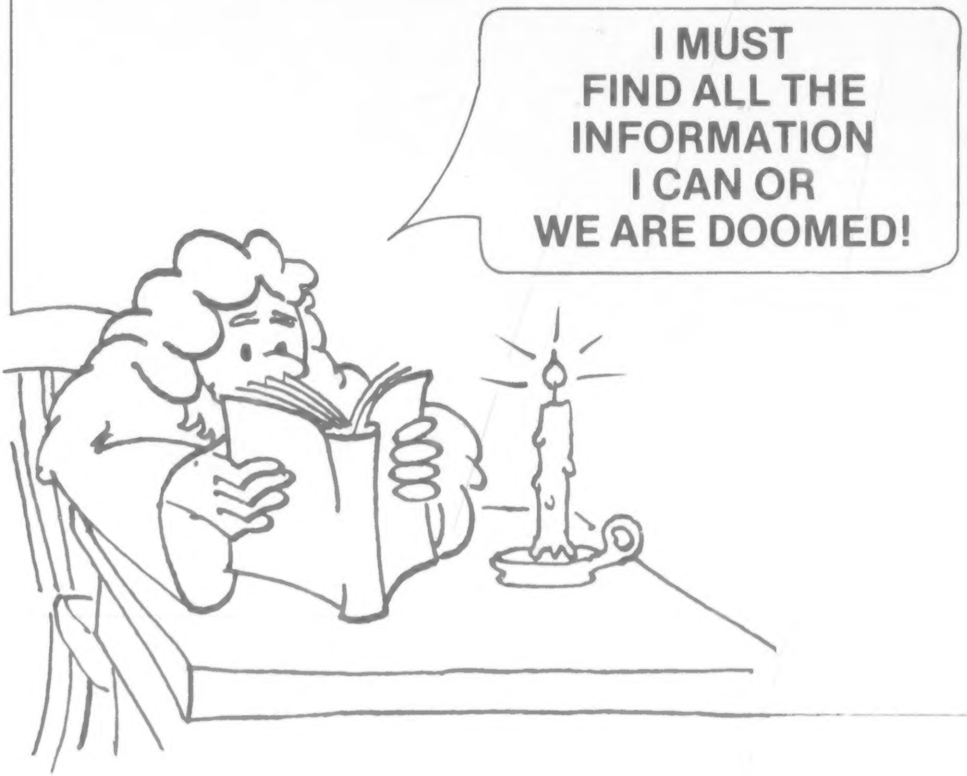
(OWNING THE PROBLEM)


GOD
NOAH, I AM SENDING A GREAT FLOOD TO COVER THE EARTH
SON, I MUST DO SOMETHING BEFORE IT'S TOO LATE!

2

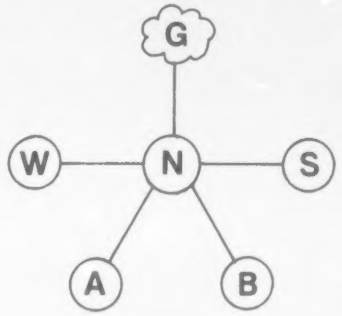
IDENTIFY THE FACTS

THE WATER WILL COVER THE LAND.
IT WILL RAIN FOR 40 DAYS.
GOD IS SENDING A PURGE.
THERE ARE NINE MONTHS TO PREPARE.
MY WIFE AND CHILDREN MUST BE SAVED.
ANIMALS AND BIRDS MUST LIVE.
THE FLOOD WILL LAST 150 DAYS.

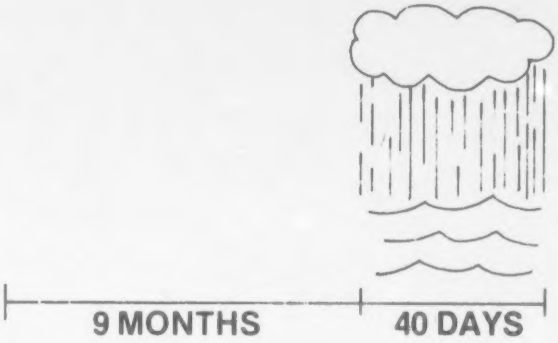

I MUST FIND ALL THE INFORMATION I CAN OR WE ARE DOOMED!

3

ANALYZE THE PROBLEM



PERSONS AND
THINGS AFFECTED
BY PROBLEM

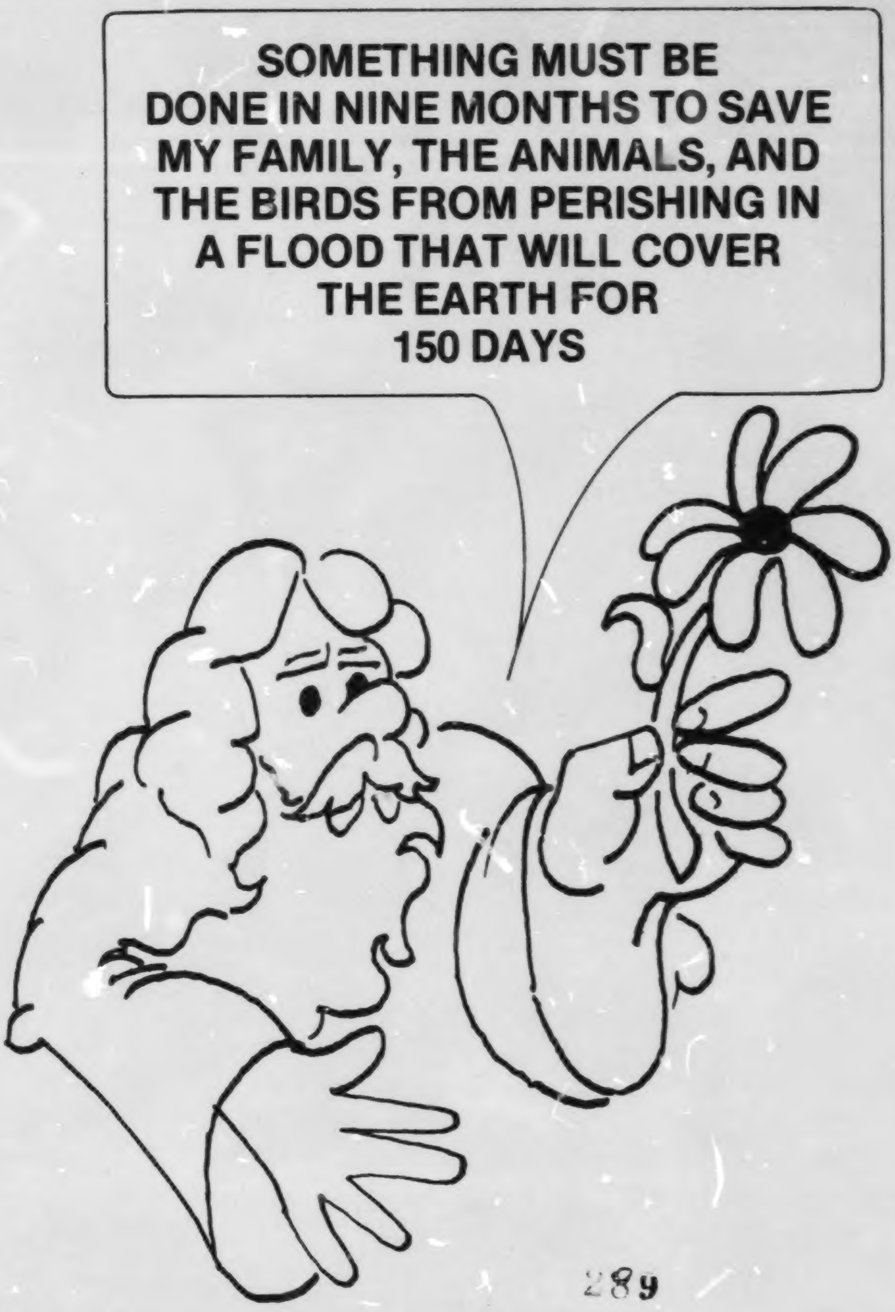

9 MONTHS
40 DAYS

FLOOD TIME=150 DAYS

BUT THAT'S THE WAY I SEE IT.
OH NOAH! WHAT ARE WE GOING TO DO!

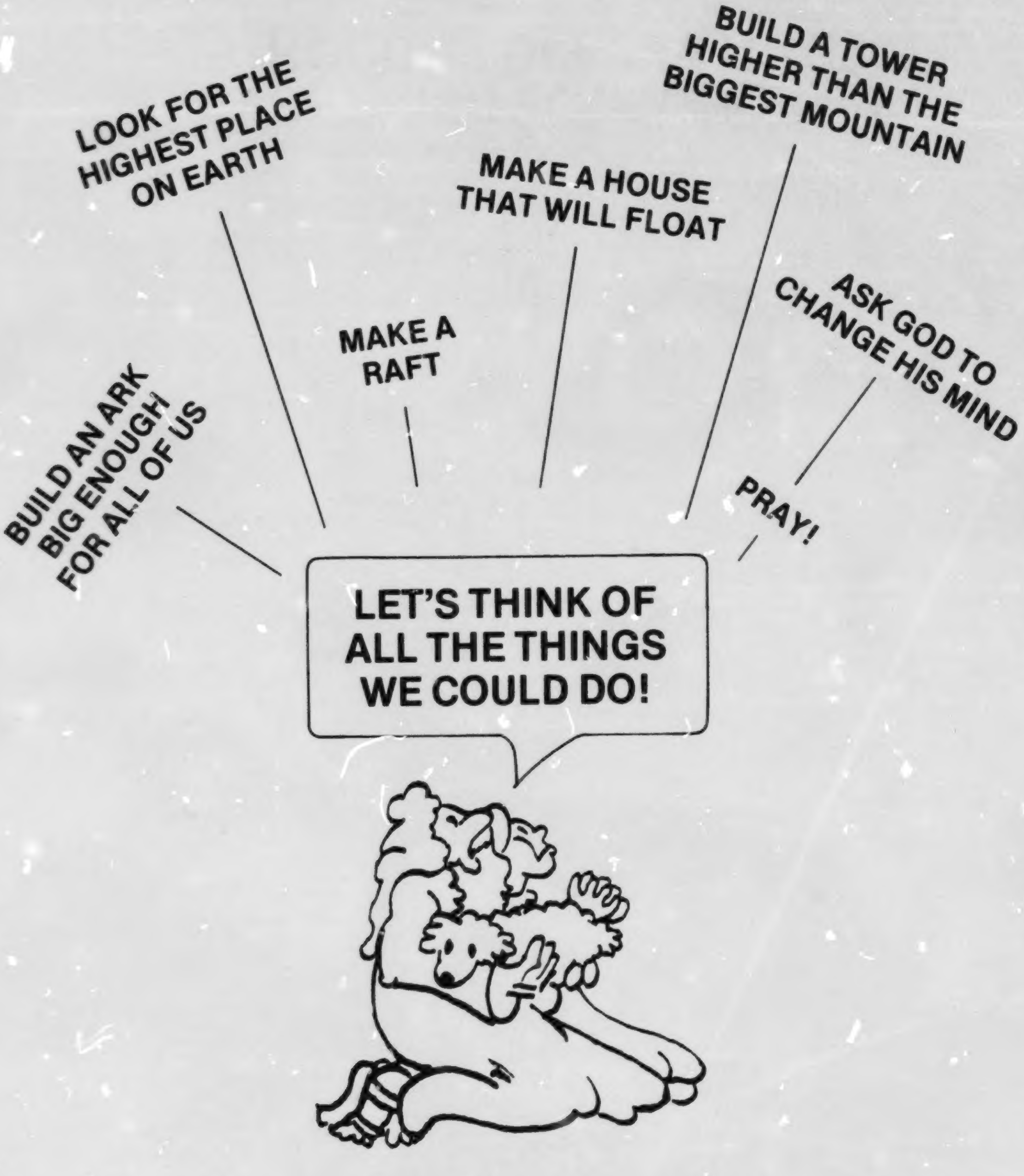
4

DEFINE THE PROBLEM


SOMETHING MUST BE DONE IN NINE MONTHS TO SAVE MY FAMILY, THE ANIMALS, AND THE BIRDS FROM PERISHING IN A FLOOD THAT WILL COVER THE EARTH FOR 150 DAYS

5

SEARCH FOR IDEAS



LOOK FOR THE HIGHEST PLACE ON EARTH

BUILD A TOWER HIGHER THAN THE BIGGEST MOUNTAIN

MAKE A HOUSE THAT WILL FLOAT

MAKE A RAFT

ASK GOD TO CHANGE HIS MIND

BUILD AN ARK BIG ENOUGH FOR ALL OF US

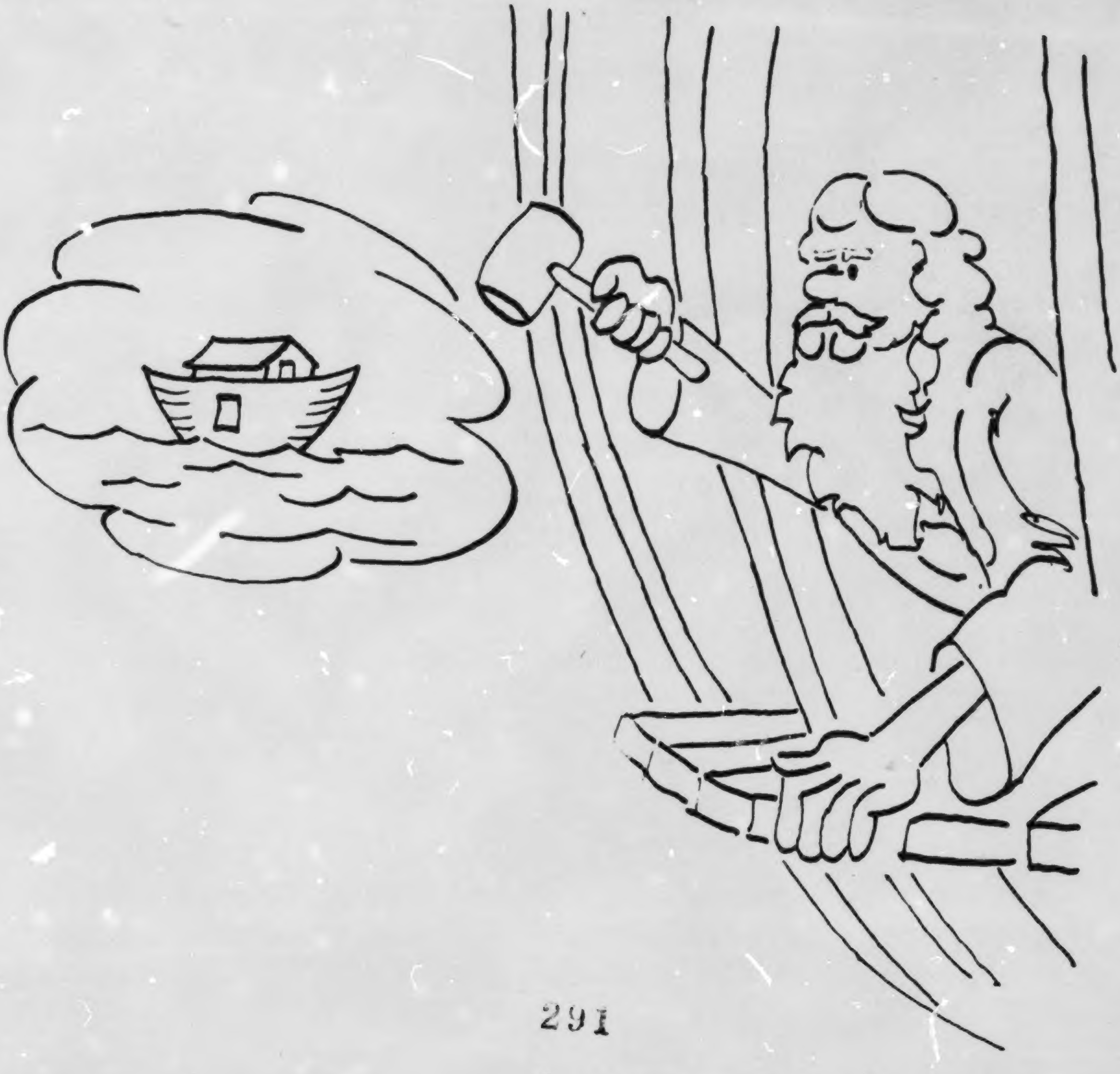
PRAY!

LET'S THINK OF ALL THE THINGS WE COULD DO!

6

SELECT AN IDEA

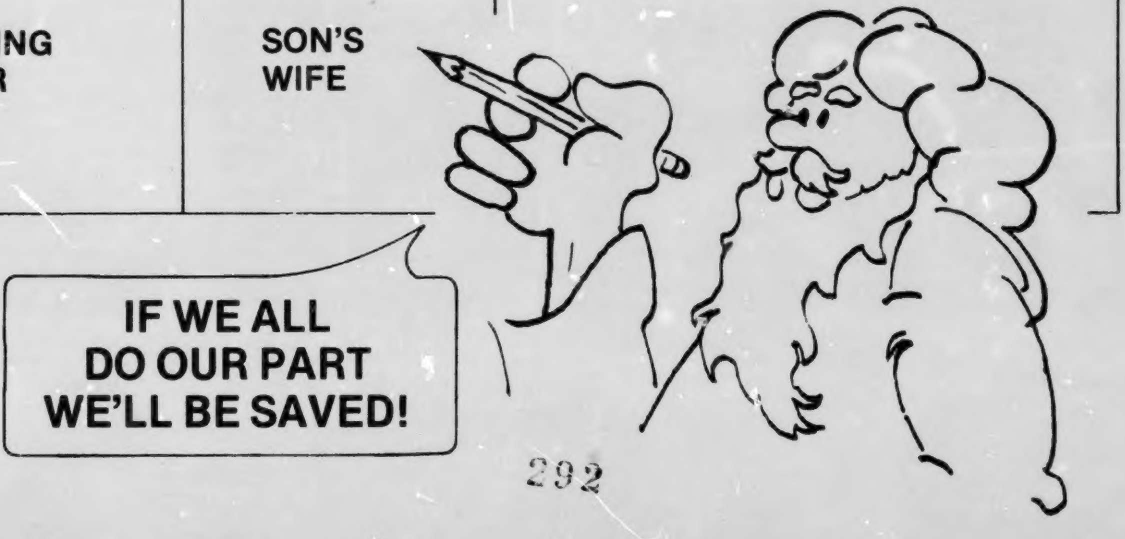
✓BUILD AN ARK BIG ENOUGH FOR ALL OF US!



7

STRATEGIZE THE ACTION

WHAT HAS TO BE DONE	WHO WILL DO IT	WHERE AND WHEN	HOW
GET FOOD FOR 40 DAYS	WIFE	IN BASKETS BY 100 DAYS	ONE-THIRD OF MONEY/SHOP AND COOK
GATHER ANIMALS	SONS	IN ARK BY LAST WEEK	BUILD PENS AND DENS
BUILD ARK	NOAH AND SONS	ON HILL BEGIN TOMORROW	MAKE PLAN, BUY WOOD, NAILS, GLUE, SCREWS, TOOLS. ONE—HALF OF MONEY
GATHER BIRDS	SON'S WIFE	FROM TREES NEXT WEEK	
GET DRINKING WATER	SON'S WIFE		


IF WE ALL DO OUR PART WE'LL BE SAVED!

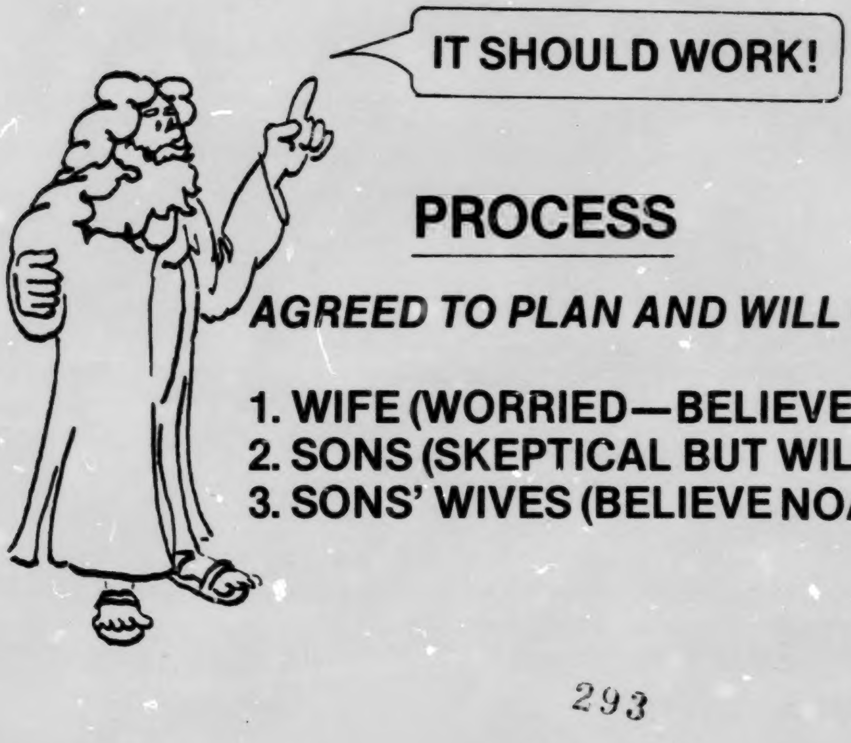
8

EVALUATE THE PLAN AND THE PROCESS

PLAN

BUILDING AN ARK WILL:

YES	NO	
✓		1. PROVIDE SHELTER
✓		2. RISE WITH FLOOD WATER
✓		3. SAVE FAMILY
✓		4. HOUSE ANIMALS AND BIRDS


IT SHOULD WORK!

PROCESS

AGREED TO PLAN AND WILL COOPERATE:

1. WIFE (WORRIED—BELIEVES GOD)
2. SONS (SKEPTICAL BUT WILLING)
3. SONS' WIVES (BELIEVE NOAH IS RIGHT)

CASE STUDY

Cheryl has recently entered kindergarten in an elementary school that is servicing handicapped children. She has cerebral palsy and is confined to a wheel chair for ordinary mobility. About 2 months ago a neighbor reported Cheryl as a neglect case to the community child protection agency. The investigation revealed that Cheryl's mother kept her in the apartment all the time and did not feed her regularly. Cheryl was found to be undernourished and crying from hunger. The child protection team provided homemaker services and recommended that Cheryl have the opportunity to attend school. Since she is able to function intellectually with her age group and can draw with a large crayon, she likes to participate. However, during free play, especially outdoors, Cheryl just sits and watches the other children play. The teacher and class aide want to give Cheryl the support she needs. They have both told the principal that this is not a satisfactory situation.

SAMPLE SCHOOL SERVICE MODEL

Given below are five steps to expand your local screening committee to help solve student problems:

Step 1. Broaden your local special services team to more than a special

The Special Services Team is scheduled to meet weekly at a specific time and place. The principal, special education teacher, school psychologist, and school social worker attend routinely. Others who may attend when appropriate are the student's current classroom teacher(s), reading teacher, speech teacher, outside professionals, classroom aide, or even the student's previous teacher(s). Inform your staff as to the purposes as well as the time and place of the meeting.

Step 2. Establish a referral method--either verbal or written.
The classroom teacher approaches the principal with a verbal concern or a written referral about the child. This could be of any nature--attendance, behavior, child abuse and neglect, poor health, or the possible need for special education services. The item will be placed on the agenda of the local screening committee meeting and the teacher will be invited to attend to present his/her concerns.

Step 3. Prepare a written agenda.
The principal meets informally with the team coordinator to prepare the agenda. This includes:

- Date of the meeting.
- Name of the children to be discussed, grades, names of teachers, and times of presentations.
- Space after each name for committee members to write notes.
- Names of children for whom updated information will be presented.

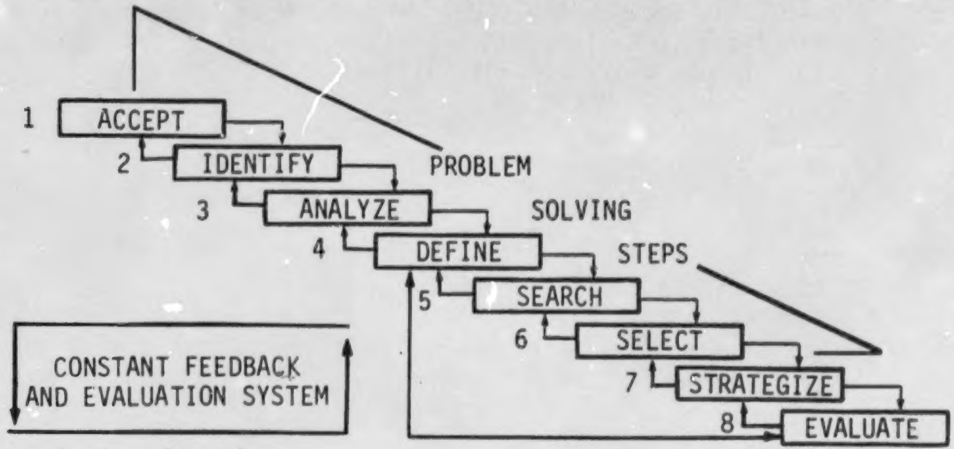
A copy of the agenda is duplicated and given to each committee member and the teachers presenting a case that day.

Step 4. Hold regular meetings.

- The meeting convenes and teachers present their cases at appointed times. These are arranged so that the teacher can present the case before school starts, during a planning period, or at a time when an aide can be responsible for the class.
- The teacher presents his/her concern and describes the student's behavior. The team discusses the case and decides what action will be taken initially. The task is assigned to the appropriate committee member (e.g., the teacher will arrange a conference with the parents; the special education teacher will call the parents or make suggestions to the teacher; the school social worker will visit the home and prepare a social case history; the psychologist will test).
- A report is completed and given to the teacher either immediately or at a specified later date.

Step 5. Plan for feedback.
When action has been taken on a student, the relevant team member reports to the committee and, if necessary, another decision is made regarding the next step in the process until the problem is satisfactorily resolved.

PROBLEM SOLVING WORKSHEET



1. Accept the situation

Purpose: To accept the problem as a challenge, to accept ownership of the problem, to take responsibility in order to allow it to become your process.

Method: Make a list of the demands that the problem makes on you. Ownership responsibility is indicated with statements that begin with "I need to . . . ." or "My concern is . . . ."

2. Identify the facts

Purpose: To collect all the pertinent data related to the problem as a diagnostic procedure.

Method: Compile all the information available. Ask questions such as: Who is involved? How does the situation affect each individual? What has already been tried to solve this problem? When is it most and least critical? What background information is significant? Where can additional data be found?

3. Analyze the problem

Purpose: To understand the ins and outs of the problem in order to see it as a whole and perceive the relationships between the parts.

Method: Make a diagram of the problem. This can take many forms. One way is to use symbols and arrows to represent people and dynamics. This picture can show relationships, time-energy comparisons, and actual statistical data. Try to imagine that you will use this as a visual aid to present the situation to someone who is not familiar with the problem or with circumstances surrounding it.

4. Define the problem

Purpose: To decide on the main issue of the problem and clarify it by making a statement.

Method: Put in writing a basic definition of the situation that needs improvement. This can be thought of as a bridge between the analyzed facts and present comprehension of the problem. The definition becomes the focus for future decisions and in the end will be translated into a solution. It is also important to note that many times definitions must be restated as insights are gained.

5. Search for ideas

Purpose: To generate and recognize different alternatives that could be taken to deal with the problem just stated.

Method: Brainstorming is one of the most useful methods for producing ideas. The object is to have groupings of 2 to 12 persons think of as many ways as possible to deal with a problem. This is done in a short period of time (no more than 5 to 15 minutes) and with people who are familiar with the situation. A session can be more productive if the following rules are applied: (1) Defer judgment and criticism of ideas to a later time; (2) Use your imagination in a free-wheeling way; (3) Make ideas out of ones that are already given; (4) Do this as quickly as possible since quantity is wanted; (5) Allow no discussion until brainstorming is over. It is helpful to appoint a recorder.

6. Select an idea

Purpose: To decide which idea is the best means to reach the desired outcome as stated in this definition.

Method: Categorizing according to similarity is a helpful way to begin organizing ideas into manageable groups. Then a value could be assigned that would rate each idea as most, moderately, or least preferable depending on how much impact it would have on the defined situation. Action planning is facilitated by taking the time to arrive at a mutual agreement on an action to be taken.

PROBLEM SOLVING OBSERVER GUIDE

Instructions:

- Do not enter into the interaction.
- Note if each step has been completed.
- Jot down your notes in phrases that are direct quotes or descriptions of body language.
- At the end of the process share your information as factually as possible.

1.	ACCEPT the situation	During the discussion does the person presenting the problem make statements that indicate ownership responsibility for the problem? Make note of them.
2.	IDENTIFY the facts	What helped the process of collecting factual information? State this in terms of helpful behaviors that occurred.
3.	ANALYZE the problem	What was said and done that facilitated analysis of the problem?
4.	DEFINE the problem	How long did it take to arrive at a written definition of the problem? What helped this to occur?
5.	SEARCH for ideas	How many ideas were generated during the brainstorming session? Indicate what happened to make this possible.
6.	SELECT an idea	What behavior made a decision possible? Be specific.

ACTION PLANNING RESOURCES

Once an idea is selected, it is useful to identify all the people and materials needed to move toward the goal. When initiating any action there is a balance of forces at work: driving forces that help and restraining forces that block. List below all the helpful resources you feel will support the action. Then list all the blocks that will prevent the action. Don't be selective. Put down anyone or anything that comes to mind.

Helps (driving forces)	Blocks (restraining forces)

RESOURCE MATERIALS
SESSION 8

PROVIDING SUPPORT SERVICES

Developing a program for children with special needs is rarely a simple process, and it can be a next to impossible task when the reasons for a child's behavior are not apparent. Most bothersome are those situations in which a child's parents do not seem to care or want to discuss a problem. Some families develop a schoolwide reputation for their lack of cooperation and are written off as uncooperative. The children, in the meantime, seem to be beyond control, failing to respond to a number of teaching or social incentives.

Most of the research on maltreated children has focused on the younger child. Besides experiencing the psychological or emotional trauma of physical abuse, emotional maltreatment, sexual abuse, or neglect, many have been found to have residual intellectual, social, or physical disorders. Martin and Rodeheffer (1976) found younger, abused children to be handicapped in learning and intelligence. Moreover, various personality traits impinge on the testing situation and inhibit learning. The speech and language of the younger abused child is typically delayed and distorted (Blager & Martin, 1976). Abused children may exhibit damage and dysfunction resulting from physical assaults; furthermore, their nervous systems may be damaged by the psychological and environmental stresses to which they are exposed. Although it is difficult to prove conclusively that there is a direct cause-effect relationship between handicapping conditions and child abuse and neglect, parallels have been drawn (Kline, 1977) to establish the coexistence of these problems. This, in turn, adds relevance to the economic advantage of utilizing school resources to rehabilitate rather than relying on institutional placement.

Undeniably, the effects of abuse and neglect influence a child's academic and social performance. Sometimes, as in the case of abused adolescents, a child will provoke classroom conflict that closely parallels a family crisis. The teacher, perceived by the child as a parent substitute, may feel the same anger or frustration as the actual parent. Other teachers may feel anger or frustration with a child who cannot grasp seemingly simple concepts. Fortunately, the professional educator has a much better idea of where to find help than a potentially abusive parent. The school based team can offer teacher support by identifying, analyzing, and defining complex problems. Once this is done, services that share responsibility among relevant parties can be planned.

Identifying School Resources

School programs offer rich resources to an abused or neglected child. Educators, knowledgable in many areas of child development, understand children's behavior and the potential effects of a negative self concept. By increasing the educator's awareness of the particular problems of maltreated children, existing programs designed to teach cognitive, emotional, social, and physical skills (see next page) may be used to support such children. School based experiences can create opportunities for positive peer interaction as well as positive experiences with adults. This, of course, can ease the abused or neglected child's feelings of isolation or inadequacy.

Behind each special service are a number of qualified professionals ready to help abused or neglected children. Members of a school team coordinate the delivery of these services for needed support. School programing can have two service components: child centered and family outreach. The chart on the next page gives a comprehensive listing of services to abused and neglected children that might be offered by the school system.

Whereas the case manager is responsible for matching appropriate services with the needs of the family, the educator's responsibility is to match appropriate services with the special needs of the child. In the school this is done first by assessing the learner and the learning environment, and then by planning and implementing an appropriate program based on that assessment.

Assessing the Learner

The evaluation of a child being considered for special services can involve formal and informal procedures. Generally, formal techniques require that a licensed or certified agency official conduct individual diagnostic examinations with parent permission. Informal assessment refers to the collection and analysis of behavioral information on the basis of a child's school performance patterns. This is usually a continuous process entailing periodic reevaluation. The data are used to identify appropriate personnel methods and materials for the child's individualized program.

Evaluation can include assessment in the following areas:

- Social assessment. This entails an evaluation of the child's home environment and usually is conducted by a public health nurse, a school social worker, or a guidance counselor. The assessment involves a home visit to collect pertinent information including family history, physical conditions in the home, and patterns of interaction among family members. Also included is an evaluation of the child's developmental history and estimates of adaptive behavior in the home, neighborhood, peer group, and school settings. Estimates of adaptive behavior are based primarily on information obtained by observing and interviewing the child. A formal social assessment requires the prior written consent of the parents.

- Educational history. A written summary of the educational history of the child can be done by the child's teacher and/or guidance counselor. This educational history should include at a minimum: the child's

EXAMPLES OF SCHOOL SYSTEM SERVICES

Type of service	Child centered	Family outreach
Cognitive/ academic	- Individualized education programs - Special education resources - Speech and language therapy - Home/school based tutoring - Remedial reading - Diagnostic/prescriptive educational assessments - Adaptive teaching aids	- Continuing education - Parenting education (child development, nutrition, family planning, marriage, financial) - Instruction in child behavior management - Early intervention programs - Parent effectiveness training - Prenatal and infant courses
Physical	- Physical and motor education - Physical and occupational therapy - Athletic programs - Health and dental care - Nutrition - Vision and hearing - Adaptive equipment	- Home economics programs - Health care and nutrition - Use of facilities and equipment - Transportation - Physical fitness programs - Child care and preschool programs
Social	- Extracurricular activities (civic, athletic, social, creative, skill) - Recreation programs - Guidance in peer interactions - Peer counseling/tutoring	- Parent interest groups - Home visitations - Recreation - Parent aides
Emotional	- Psychological services - Counseling and guidance - Supportive relationships with teachers - Opportunity for mastery - Music/dance/art therapy	- Supportive teacher-parent interaction - Referrals for community services - Individual and group counseling - Psychological services

academic grades and achievement and aptitude test scores; a statement of the child's current academic standing; a notation of remedial strategies previously used; and an overview of the child's school progress.

- Education assessment. An educational profile is completed by a certified or approved teacher who recently had or currently has the child in a classroom or other teaching situation. This assessment includes an analysis of the child's specific behavioral abilities referenced to a developmental continuum. A statement of school readiness, functioning, or achievement is then drawn by comparing those abilities to the tasks contained in the regular education program.

- Psychological assessment. A formal diagnostic evaluation by a psychologist provides specific recommendations, based on the child's developmental and social history. Information is gathered through observations of the child in familiar surroundings, such as a classroom or home. Also analyzed are sensory, motor, language, perceptual, cognitive, affective, attitudinal, interpersonal, behavioral, and vocational factors.

- Health assessment. A health assessment by a physician, when appropriate for the child's needs may include: a review of the child's medical history; a comprehensive physical examination; a description of current medical conditions; and a prescription for treatment. Many schools have a consultant physician who is responsible for the health assessment. However, in cases of suspected child abuse and neglect, this evaluation is usually arranged by the investigator.

Assessing the Learning Environment

Information about the learner is only half of the total picture. Once the physical, social, educational, and psychological dimensions have been assessed, the learning environment in which the child is presently functioning must be analyzed. This can be done by assessing the following environmental components:

- Physical surroundings. The physical environment is defined by the arrangement of furniture, type of equipment, relationship of room to out-of-doors, general atmosphere (relaxed or businesslike), and organization of the classroom.

- Daily schedule. The organization of time involves managing transitions from one activity to another, daily consistency, a variety of active and quiet times, and a change of pace to maintain energy and interest.

- Social interactions. The social climate is set by the nature of all interactions that take place in the classroom. This includes the time children spend interacting spontaneously, peer sharing in small groups or between individuals, and the teacher's relationships with individuals and groups.

- Curriculum. The education curriculum provides a structure that outlines goals and developmental skill areas and places them in order of priority. Materials are chosen according to developmental levels and are taught through a variety of perceptual modalities. Materials are designed to fit the child's needs and are made accessible when the child is ready. Methods are chosen according to the child's learning style and the teacher's skills. Student groupings reflect skill levels in specified curriculum areas.

- Teaching style. The classroom teacher may be directive or nondirective in the leader role. Choices are made as to the teaching focus to be used with a small or large group. Teacher expectations also affect performance in terms of curriculum levels, independent learning activities, and social norms.

The total learning environment is functioning for a child in a productive way when all components are in balance. Therefore, the evaluation must compare the child's individual learning style and needs to the specific conditions that surround him/her. Helps and hindrances to learning can be identified by making a comparative analysis.

References

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Action Planning

After analyzing the learner and the classroom environment, the discrepancies revealed by the assessment between needs and current services must be addressed. Planning is required in order to make appropriate adaptations. When redesigning the total educational program for a child following an assessment, the special services team is responsible for setting goals and methods and determining appropriate school personnel for their implementation. This planning can be done only when the needs of the child are known and the services available within the school have been identified. The process by which this is accomplished can be applied to abused and neglected children as well as to the handicapped population for which it has been mandated.

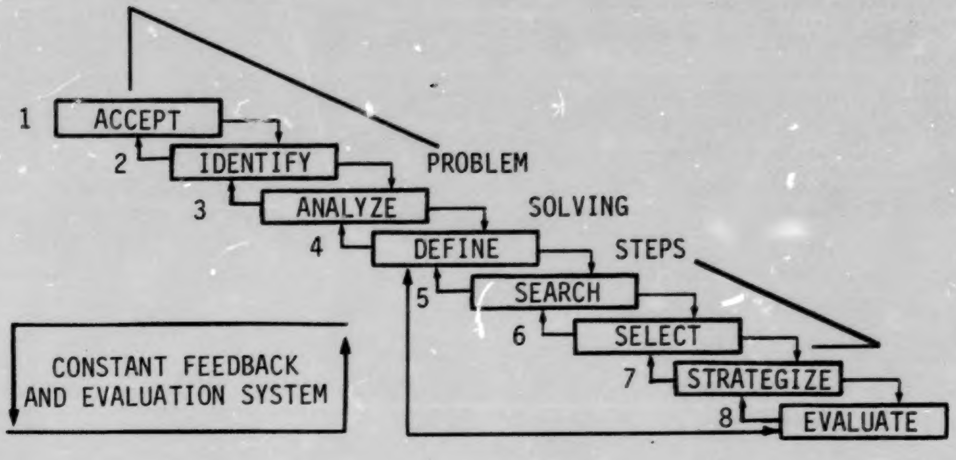
The planning process begins after the problem has been identified. One method that can be used for coherent planning begins with a problem solving approach. School based teams should consider using such a process to program for abused and neglected children or children with special needs.

Problem Solving As A Creative Tool

In the haste to take immediate action, one may be inclined to jump prematurely from "identifying the problem" to the "solution." However, there is a whole range of activity that can generate creative thinking and behavior that should be explored when dealing with a problem. Problem solving can be compared to taking a journey: new experiences can invigorate and offer meaningful insights to our regular living patterns. In this framework, problem solving becomes an adventure that identifies the many possibilities that will lead to the same goal. If we could adopt as curious and open an attitude as we would if we were touring a foreign land, a new energy would flow through our efforts.

The Problem Solving Process

Just as travelers need a map and a guidebook to be aware of their location and goals, problem solvers need guideposts to direct their journey toward decisions and actions. A series of steps can be followed so that problem solving is approached logically. The following diagram illustrates these steps:


1 ACCEPT
2 IDENTIFY
3 ANALYZE
4 DEFINE
5 SEARCH
6 SELECT
7 STRATEGIZE
8 EVALUATE
PROBLEM
SOLVING
STEPS
CONSTANT FEEDBACK AND EVALUATION SYSTEM

The arrows represent a dynamic flow that involves moving forward when a step has been completed and cycling back when more clarity is needed. An explanation of each step in terms of purpose and methods will be provided during Session 8. Briefly, the purposes of the steps are:

1. Accept the situation. To accept the problem as a challenge and take ownership responsibility in order to allow it to become our process.

2. Identify the facts. To collect all the pertinent data related to the problem as a diagnostic procedure. This is compiled from the assessment process.

3. Analyze the problem. To understand the "in's" and "out's" of the problem in order to see it as a whole and perceive the relationships between the parts.

4. Define the problem. To decide on the main issue of the problem and clarify it by making a statement.

5. Search for ideas. To generate and recognize different alternatives that could be taken to deal with the problem just stated.

6. Select an idea. To decide which idea is the best means to reach the desired outcome as stated in the definition.

Organizing an action program:

7. Strategize the action. To develop an approach that would outline a procedure for performing the selected idea.

   Method: The basic question to ask is, "What are all the steps that must be taken to accomplish this action?" The tasks can be graphed on a paper, with corresponding columns to indicate who will do each task, where, when, and how. Using a time schedule and prethinking the performance of the action are techniques that begin to transform an abstract idea into reality.

8. Evaluate the process and the plan. To look back and reflect on the problem solving journey and check to see if the action plan has a direct correlation with the problem as defined in Step 4.

   Method: Questions that can be asked to understand how well the problem solving process proceeded are: What was learned from using this method? Why was it necessary to cycle back at certain points? Was there a time at which your view of the problem changed? If so, when and why? To measure how well the plan meets defined outcomes, it is useful to make a progress chart that will record certain results in terms of related tasks.

The design process presented here is a method for making change possible and goals realistic. Planning in a structured way is recognized by organizations, business, and government as necessary to success. It also makes sense in the context of daily living. This can be illustrated by the image of the traveler who decides to visit a foreign country. Preparing for the trip can take more time than the actual journey. It is necessary to collect and analyze information, define a goal, search for the select alternatives, and finally decide the best way to spend the time. Strategizing includes all the practical things that must be done before departure. Constant evaluation is necessary to see that all the steps have been properly taken. Sometimes circumstances change and goals must be redefined. However, the anticipation of the new experience keeps the process moving so that the destination finally becomes a reality. If the problem solver can identify with the traveler's spirit of adventure and enthusiasm during the planning phase, the action-taking phase will bring results. Similarly, if the educator in the planning phase can anticipate the exciting growth of the child that may result, the action-taking phase of intervention with an abused or neglected child will be creative and result in improvements in that child's school program.

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The Educator's Role on the Community Team

In providing services for abused or neglected children, the school's primary responsibility is to meet the special needs of the child. Comprehensive treatment for the child, parents, and family is provided by the various agencies and services within the community. These services are coordinated by the case manager, who is usually a child protective services worker. The case manager is assisted by the community child protection team to assess, plan for, and implement an intervention program to meet the needs of the family.

The membership of the community team will vary according to local policy and procedure. Professionals could include social workers, physicians, nurses, school personnel, psychologists, mental health workers, attorneys, police, and representatives from other community agencies. The educator may participate with the team in three different capacities: as a permanent member, as a case-related participant, and as a consultant/advisor.

Ideally, the specialized program the school develops for the child should complement the family treatment plan as determined by the community child protective team. If this is to occur, the educator who works directly with the child needs to know the team's goals and objectives. On the other hand, in designing the family treatment plan, the team needs to have access to the relevant information and services the educator can offer. This information and service exchange is facilitated when the educator participates in the community team meetings throughout the assessment, planning, and management process.

The educator is responsible to the community child protective team for integrating the child's program with the family plan and sharing progress. The school can facilitate this participation by adopting procedural guidelines as part of its policy for child abuse and neglect. The policy should designate a school representative to serve as a permanent member on the team. This person needs to have a thorough understanding of the resources within the school system and be knowledgable about diagnostics and program planning for all developmental levels. (S)he should also have the skills needed to work successfully on a multidisciplinary team. The school policy should also identify school personnel who can serve in an advisory capacity to the community team. Precedures for involving case-related personnel as needed should also be addressed. For all these school personnel involved with the community team, school guidelines are needed to specify attendance procedures and provide for alternatives that will release the educator from classroom obligations.

As treatment progresses, the educator needs to continue to work with the community team and inform members of the progress being made. The cyclical process of reassessment, planning, and follow through should be coordinated with the team. After sufficient progress has been made, the team may decide to close the case. However, the school continues to serve the child and maintain a relationship with the family. Consequently, it periodically can offer the team information about the family. The educator is also in a position to detect signs of regression within the family situation which may warrant the reinvolvement of the community team. The educator's role in this followup process is especially important for a community child protective team to be successful in preventing recurrence of child abuse and neglect.

WE CAN HELP

Session 9

Contents

- 9 Worksheets (pages 1-14)
- Resource Materials (pages 15-24)

THE COUNCIL FOR EXCEPTIONAL CHILDREN

EC 120 694

COMMUNITY TEAM SIMULATION

BACKGROUND SUMMARY

Mrs. McNeil and two sons had moved to Mercer in 1972 from Jackson County in an adjacent state. Husband had abandoned family. Whereabouts unknown. Lived with mother of Mrs. McNeil in Capitol Hill area until death of mother in 1973. Several police reports of arguments between mother and daughter on record. Mother worked as part time salesperson in local drug store. In June 1973 Mrs. McNeil became unemployed and family became eligible for Aid to Dependent Children--Unemployed Parents program. After home visit by a Department of Welfare caseworker, 4 year old Ray was placed in Head Start; and 5 year old Jack entered kindergarten. Mrs. McNeil began in WIN under the GED program.

In fall of 1973, Mrs. McNeil began regular social activity with boyfriend met during WIN program. Several police reports of boys left alone during evening hours. All reports filed by same neighbor. Follow up by police officers revealed on one occasion presence of babysitter, on another occasion babysitter not present but arrived during officer's visit. No action taken and no referral made to Department of Welfare.

In October and early November of 1973, Head Start personnel noticed and reported to supervisory staff bruises on Ray. Reporting personnel were advised to continue observation and report if there were further bruises. On November 21, 1973, observations were confirmed and reported by telephone to the emergency room of Mercer General Hospital. Case was referred to the Children and Youth Services unit of the Department of Welfare for investigation on November 26. The Children and Youth Services unit has official responsibility for receiving and investigating cases of child abuse and neglect in Mercer. Investigating caseworker attempted to persuade Mrs. McNeil to admit boys for observation at Mercer General Hospital, but she refused. On November 27 the caseworker file report recommending that a Juvenile Court petition be filed and/or that hospital personnel join with her in followup at the home.

Juvenile Court held a hearing on December 11. Chief pediatrician at Mercer General Hospital felt that too much time had passed to make a strong case for child abuse charges and that the medical evidence was ambiguous. Head Start personnel did not have records substantiating the dates on which they observed bruising or the location of any bruises on Ray. Mercer police were not called to testify since the court did not know that they had received complaints about McNeil family. Case was dismissed.

No further reports were received and no further followup visitations were made until January 16, when Mrs. NcNeil brought Jack to the emergency room of Mercer General Hospital with severe head injuries. The mother said the boy had fallen in the bathtub. Jack died on January 25.

Subsequent investigation revealed that Head Start personnel, the kindergarten teacher, and neighbors had seen continued evidence of both neglectful and abusive behavior toward the boys during December 1973. Reasons cited for nonreporting included:

- Fear of involvement in court proceedings.
- Fear of visible results from earlier reporting.
- Lack of knowledge of implications of reporting.
- Lack of knowledge of how to report and to whom.

Mrs. McNeil is undergoing therapeutic treatment and Ray has been placed with foster parents under protective custody.

On January 28 the mayor of Mercer was quoted in the Mercer Evening News as stating:

> The tragic death of five year old Jack McNeil has raised serious questions concerning how we, the governmental agencies of Mercer, are handling child abuse and neglect problems. I requested a full report on this terrible tragedy and have been provided the following preliminary information regarding this past week's tragedy.
>
> Education personnel did not report that this boy and his brother had attended school with bruises until two weeks after the bruises were first observed.
>
> The report, when made, was made to Mercer General Hospital, not to the Department of Welfare nor to the Police Department.
>
> When a proper report, investigation, and recommendation was made, the Department of Child Care (child abuse and neglect committee) recommended against a Juvenile Court filing on behalf of these boys.
>
> This recommendation was contrary to the opinion and recommendation of the Department of Welfare caseworker who visited the home. Hospital personnel did not join the welfare department workers in this home visitation, but promised to do so if the children were bruised again. Personnel of the Department of Welfare did not act on their own convictions that a Juvenile Court filing was indicated.
>
> An adversary system of justice is used in the Mercer Juvenile Court in a way that calls for the burden of proof to rest with those filing a dependency petition on behalf of children. Children may not be detained for more than 48 hours unless a petition is filed.
>
> The Department of Welfare worker was unable to convince Mrs. McNeil to admit her children to hospitalization so that the 48 hour hold could have applied, and some charge on which to base a treatment plan (or a subsequent Juvenile Court petition) devised. Jack's mother is now saying that she wishes she had let the child protection worker help her more.

> Our young children are so vulnerable. Reports of child abuse or neglect should go immediately to the Department of Welfare, Services for Children and Youth, (612) 885-4320. If it is suspected the child is in imminent danger, reports should go to the Police Department, 295-2000. Officers are authorized by law to remove children from imminent danger. Young children are taken immediately to Mercer General Hospital, Children's Hospital, or Kentawba General Hospital for treatment and protection if necessary. If needed they will be placed in protective custody and foster care. Dependency petitions are filed with the Juvenile Court.
>
> The Child Protection Program of the Department of Welfare works with approximately 400 neglected and abused children and their families each year. In 1970 and 1973 there were more than 180 such cases in the greater Mercer area.
>
> In order to investigate thoroughly the circumstances that have allowed the tragic death of Jack McNeil to occur in our community, I have asked a Select Committee to investigate present procedures for preventing the recurrence of such tragedies.
>
> I wish to have this committee report to me specific recommendations for change, regardless of where change is required, to protect the young children of the greater Mercer community.

On February 7 the mayor convened a meeting of representatives from the Department of Welfare, the Mercer Police Department, Mercer General Hospital, Juvenile Court Probation, the Child Care Council (Head Start), the Mercer Public Schools, City Attorney's office, and Community Mental Health Department. At that meeting the mayor expressed his determination to prevent cases similar to that of Jack McNeil in Mercer. He directed the agencies attending the meeting to develop a plan for multi-agency cooperation.

Each of you was present at the February 7th meeting. The meeting that is being convened now is for the purpose of responding to the mayor's request for a plan for multi-agency, multidisciplinary cooperation in handling child abuse and neglect cases.

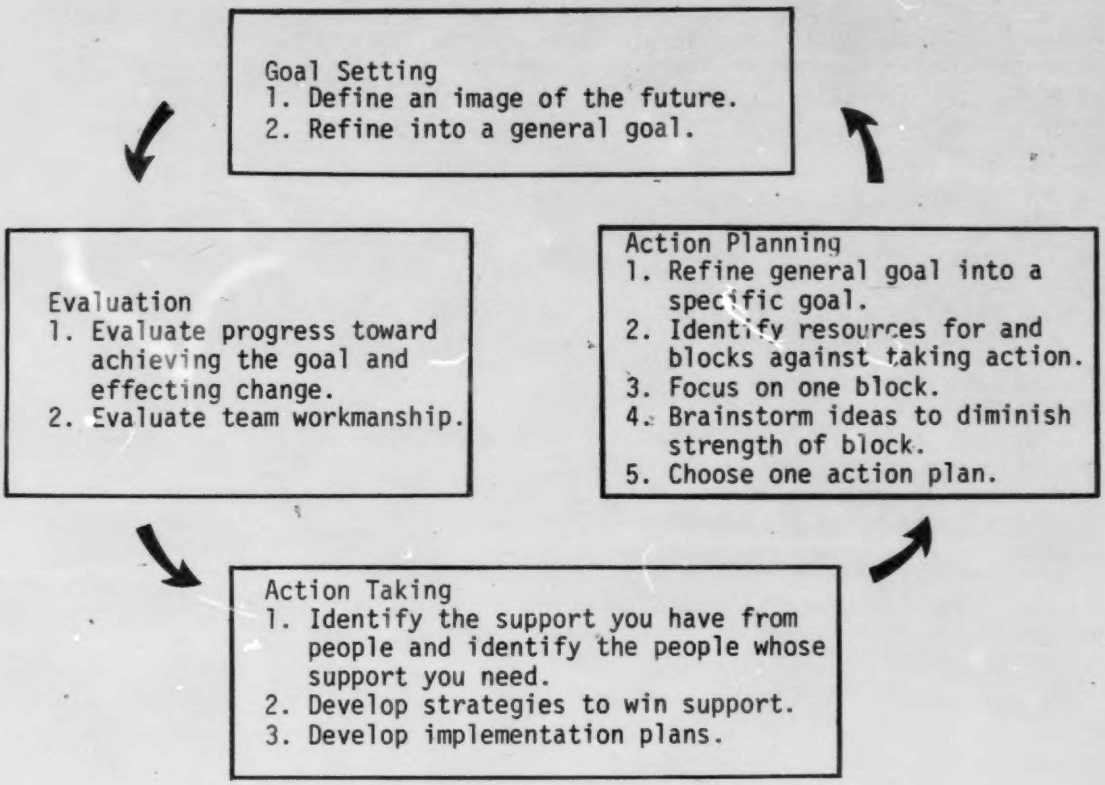
PROGRAM DESIGN GUIDE

Instructions: This meeting is being convened to respond to the mayor's request for multi-agency, multidisciplinary cooperation in handling child abuse and neglect cases. After goals are stated and agreed on, action strategy can be defined. It is helpful to put in writing who will do what, when, where, and how. The following chart is one way of recording details of implementation.

WHAT must be done	WHO will do it	WHERE AND WHEN it will be done	HOW it will be done

Team task: Develop a plan that coordinated interagency functions in order to respond to cases of child abuse and neglect in the Mercer community. Each community team plan will be shared with the total group at the end of this "meeting."

PROGRAM DEVELOPMENT PROCESS*



Goal Setting
1. Define an image of the future.
2. Refine into a general goal.

Evaluation
1. Evaluate progress toward achieving the goal and effecting change.
2. Evaluate team workmanship.

Action Planning
1. Refine general goal into a specific goal.
2. Identify resources for and blocks against taking action.
3. Focus on one block.
4. Brainstorm ideas to diminish strength of block.
5. Choose one action plan.

Action Taking
1. Identify the support you have from people and identify the people whose support you need.
2. Develop strategies to win support.
3. Develop implementation plans.

Goal Setting

- Define an image of the future. Verbalize your dreams of what you would like to accomplish as a group in a time limit of, for example, a year.
- Refine into a general goal, a broad outline of what you would like to achieve.

Action Planning

- Refine general goal into a specific goal, more definite idea that is clear, realistic, and measurable.
- Identify resources for and blocks against taking action in order to give you a clear perspective of your situation in relation to your goal.
- Focus on one block, the most crucial and one on which the group can act.
- Brainstorm ideas to diminish the block. These should be action ideas and completely spontaneous. Nothing should be considered crazy or impossible. List as many as possible.
- As a group, choose one action plan. The goal will now be more specific, measurable, and realistic to all in the group.

Action Taking

- Identify the support you have from people and identify the people whose support you will need. This is important for it gives you a clear idea of the terrain, and pinpoints areas where you can expect help and where you need to get help.
- Develop strategies to win support in areas where it is lacking in order to bolster and fortify your situation and encourage movement toward your goal.
- Develop implementation plans. Now that you have the support write down the implementation plan of who will do what, when, where, and how.

Evaluation

- Evaluate progress toward achieving the goal and effecting change. How close you are to your goal? Or have you accomplished it? In either case, has the situation changed? Has your goal been altered?
- Evaluate team workmanship. How has your group worked together? What was the degree of involvement? Could you be more effective as a working team?

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* Developed by Thomas J. Tewey.

PROFILE ONE

SOCIAL SERVICES ROLE

The Children and Youth Services Unit of the Department of Public Welfare is the agency that has mandated responsibility for receiving and investigating reports of child abuse and neglect in Mercer. In addition, the mayor has made it clear that it is your responsibility to pull together the multidisciplinary team. You are not certain what functions should be performed by such a team. Should it make joint investigations, offer case consultations to caseworkers, train staff, jointly prepare court cases, make referrals, plan treatment and manage cases, offer community education, and other functions? What you as an agency and as individuals are concerned with is the protection of children. You are not sure whether the other agencies see this as a priority.

You are also aware that the police feel they should have the responsibility of investigating cases of abuse and neglect. They believe you do not have the skills to conduct effective investigations, and they say that you are not available 24 hours a day as they are. You feel the police are too punitive--they are not interested in maintaining the family, but only in arresting the parents or threatening them with arrest.

PROFILE TWO

PUBLIC SCHOOL EDUCATOR ROLE

You know there is a state law that requires the reporting of child abuse and neglect cases by at least some educational personnel--but you do not know if that means only teachers and principals, or if day care staff and such paraprofessionals as classroom aides are also required to report such cases. You also are not aware that the Social Welfare Department is the agency authorized to receive reports.

Your school district does not have a policy on reporting; there are no set procedures for reporting such cases, and teachers and other personnel have not been trained in what to look for in identifying cases of abuse or neglect.

You are also not sure what role the school might have after a case is reported. Is not the school's job done once a report has been made? What contribution could the school system make by having a representative on the multidisciplinary team? And how could the school benefit from participating? Is it not just one more demand on teachers and administrators who are already overburdened?

PROFILE THREE

MEDICAL PERSONNEL ROLE

Your concern is with the health of the community. Child abuse and some forms of child neglect are health or medical problems, but they are social problems as well. You cannot be responsible for dealing with all aspects of abuse and neglect.

You and your staff are well trained and know how to make medical diagnosis of abuse and neglect, and you are willing to report such cases when they are clearly abuse or neglect--that is, when you can speak with "medical certainty." In other cases you are more reluctant to report--it may not be abuse or neglect, and you may not be able to support your conclusions in court.

What will be your role on a multidisciplinary team? You're not sure. Will the potential contribution such a team might make to the health of the community justify all the staff time that might be required for preparation.

PROFILE FOUR

ATTORNEY ROLE

You see most abuse and neglect cases only when they come to the attention of the court and the Department of Social Welfare asks you to file a petition. You are not involved in conducting investigations after an abuse or neglect report has been received.

Most of the cases submitted to your office are badly prepared. The social workers are not good at pulling cases together, and the several different agencies that might be involved in a particular case often submit conflicting recommendations to the court. In your opinion social workers also hang onto cases too long before bringing them to court; they try to treat them alone until a big crisis develops. You also feel they often write biased family evaluation reports; to do so leaves the children exposed to further danger. You too want to keep families together--but you have to be realistic.

You are not sure what your role would be on a multidisciplinary team. You could tell the social workers and doctors how to prepare their cases for court better--but are they interested?

PROFILE FIVE

POLICE ROLE

The police are often called by neighbors or family members in cases of child abuse or neglect, and you have to respond--particularly at night when the Department of Social Welfare is closed. Yet you do not have responsibility for carrying out investigations of such cases--except in homicide cases.

You feel that the social workers are not trained, as you are, to conduct investigations. They often do not collect appropriate evidence or adequately prepare their cases for court. You feel that they often evade their responsibility in instances where a crime has been committed. You feel that if Jack McNeil had been removed from his home by the social workers, his life would have been saved. But the social workers seem to sympathize more with the parents than with the children in cases like this.

You're not sure what your function will be on a multidisciplinary team. You know the laws and how to conduct investigations, but what else will you be expected to contribute?

SIMULATION REVIEW

Let's take some time to measure the degree to which we feel our work as a team (during this session) was productive.

1. Rate the degree to which you feel the group has been productive.

   1 2 3 4 5 6

   Not productive Very productive

2. Circle a rating indicating to what degree your resources were used during the task.

   Not at all A little Some A lot

3. I am contributing (more than) (less than) (the same as) I did during the last session. (Circle one.) Some reasons for this are:

   a.

   b.

   c.

4. Spend the next 10 to 15 minutes discussing those factors that caused the team to feel productive or nonproductive, satisfied or unsatisfied.

RESOURCE MATERIALS
SESSION 9

THE CHILD PROTECTION COMMUNITY TEAM: PURPOSE AND STRUCTURE*

A multidisciplinary child protection team is organized to review all cases of child abuse and neglect that are referred to it. A team can have one of several bases, and the most common determinant of a team's origin is an identified geographical base (i.e., county or city). Many teams are linked to child protective service units and county juvenile court systems in a particular county. Another determinant is an identified institutional base, the most common being a hospital affiliated team in an institution with more than 50 pediatric beds. Since the majority of severe child abuse cases are initially hospitalized, it is not surprising that such teams are necessary. Some mental health clinics have also developed teams.

A team usually can evaluate and review a maximum of 100 new cases each year. The population base that generates this number of cases is about 300,000 people. Therefore, several teams are necessary in large metropolitan areas. At this time, the country needs a great many more child protection teams. Before such teams can function effectively, however, they must acknowledge their purposes and goals.

Team Purpose

The overriding goals are to effectively diagnose and treat child abuse, and to coordinate the efforts of the many agencies involved. Team members must agree on team purposes and goals if they are to avoid working at cross purposes. Once team purposes are agreed on, role definition, task assignment, case reevaluation techniques, and team policies easily follow. Specific team purposes can be divided into diagnostic and treatment aspects.

Team Diagnostic Purposes

The following team purposes apply to the diagnostic phase:

1. Insure a comprehensive evaluation and data base. Group pressure promotes this.
2. Establish the team as the community's investigatory and accusatory body. The parents should be able to blame the team for any actions they consider to be "heavy handed," which permits the child protective service (CPS) unit to

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*This section adapted with minor editing from Schmitt, Barton D. The child protection team handbook: A multidisciplinary approach to managing child abuse and neglect. Copyright 1977 by Garland STPM Press. Reprinted with permission.

become a helping agency in the eyes of the parent and allows the assigned social worker to become the therapist that he or she was trained to be.

3. Review cases for errors. It is always easier to see another's flaws. The team also protects each member from being destroyed by a single serious mistake which can easily happen to people working in this complex field.
4. Review cases to evaluate the safety of the home. Child abuse involves life and death issues, and such decisions should be shared. No major decision should be made unilaterally at staff meetings of one discipline.
5. Review cases to reach a consensus on diagnosis and treatment. It is impossible for any one person or discipline to collect or assimilate all the data necessary in these cases.
6. Formulate the final recommendations for initial treatment.
7. Formulate the tentative recommendations for long term treatment.
8. Provide telephone consultation services regarding diagnostic questions for physicians and other professionals in the community.
9. Provide a referral mechanism for primary practitioners. In suspected cases of child abuse and neglect, the practitioner may not wish to report the case directly because of his or her relationship with the family.
10. Improve communication between disciplines and agencies. The team conferences bring the various disciplines together in the same room, making talking with each other and gaining a better understanding of each other's position unavoidable.

Team Treatment Purposes

The following statements refer to the treatment phase:

1. Periodically review and evaluate cases for therapeutic progress and setbacks.
2. Revise treatment programs to suit the changing needs of the case. Case management must be flexible. Approaches that do not work must be discontinued, and new recommendations considered.
3. Utilize all community resources effectively and appropriately. No available resources should be overlooked.
4. Prevent premature return of the child to an unsafe home. All major decisions should stay with the team.
5. Attempt to prevent repeated abuse with its concomitant high risk of death and disability.
6. Focus on family rehabilitation. Consider termination of parental rights only when treatment fails.

7. Provide telephone consultation services regarding treatment questions.
8. Coordinate and improve the emergency services for child abuse within the community. One way to do this is to bring people from these agencies to the meeting for clarification of their roles (e.g., police involvement).
9. Reduce interagency power struggles. Time and continual contact between the disciplines is the most likely catalyst for such change.
10. Insure a day in court for any child who needs it. The team's decision on this matter should be final and their consensus should automatically overrule the objection of any individual physician, lawyer, or social worker.

Team Members

Team size will vary according to the availability of professionals in a given community. The minimum team size is two professionals who are willing to collaborate around the evaluation and treatment of a family. In most situations, this usually involves a social worker and a physician. The maximum permanent size is about ten, since a larger team will often become inefficient. The minimum time a professional should be assigned to team membership is six months. Preferably, team members will remain involved for many years, because good teamwork requires that duration of continuous involvement.

The following is a list of prospective team members described by priority. The first three members can be described as the "nuclear team." In hospital based teams, these people see most cases directly. In community based teams, the nuclear team members may not always see the cases directly, but they should have a background of direct experience in the field that qualifies them to serve as consultants. Members four through eight can be considered as the "consultative team." By definition, they do not see most of the families, but they have broad experience in this field. The professionals described under nine through 15 are not part of the permanent team, but vary from case to case. They are the primary workers involved with a family. It is best for the team to remain small until it is functioning adequately, usually for the first three to six months. After that time, if the team is in doubt about including a new member, they should err on the side of including people for the educational benefits they may bring.

1. Social worker. The team's permanent social worker is the consultant for evaluating the safety of the home and recommending treatment strategies for families. A psychiatric social worker is an excellent candidate for this position. The social worker assigned to the team may be the CPS unit supervisor; the CPS worker assigned to the hospital; or a full time, hospital based social worker. The latter is essential if the hospital serves multiple counties.

2. Physician. The physician is the team's main diagnostician. Ideally, the physician is a pediatrician, but

a family practitioner would also be suitable. Even in a large teaching hospital, this will usually be a part time role.

3. Coordinator. The team coordinator is the case manager. He or she functions as a communication center for all the agencies and professionals involved in a case. A team based in a large city or a regional hospital requires a full time coordinator. On smaller teams, the role may only need a part time person.

4. Psychiatrist or psychologist. The team psychiatrist or psychologist mainly serves a diagnostic role. The team's social worker requires psychiatric backup to evaluate the 10 to 20 percent of cases where he or she is concerned about the treatability. This person mainly needs to be qualified in evaluating adults. The psychiatrist or psychologist can play a much expanded role by supporting workers through long term therapy with these families. Although the psychiatrist can be based either in a hospital or private practice, it is preferable to have a mental health clinic representative on the team if it is community based.

5. Attorney. It is helpful to have a lawyer present at team conferences to clarify the many legal questions that arise. Preferably, the lawyer will be assigned from the juvenile court or county attorney's office. In hospital based teams, the hospital lawyer may attend or, if such a person is not available, the hospital administrator may be able to answer some of the questions.

6. Developmental specialist. The developmental specialist is an expert in the development and behavior of young children. Such a person may come from backgrounds of child psychiatry, pediatric psychology, or pediatrics. This professional is extremely valuable in emotional abuse cases.

7. Law enforcement representative. Since the police are involved, initially on many cases and must work closely with the CPS unit, it is optimal to have them represented on the team. In a large metropolitan area, a representative may be assigned from the juvenile division of the police department.

8. Public health nurse representative. Some hospitals have a public health nurse coordinator, and he or she should be involved in team meetings. Some county based teams will have a public health nurse coordinator in

their county who can be requested to attend. This person can help to provide expeditious public health nursing services.

9. Involved social worker. Obviously, the CPS intake worker on the case under discussion should be present at the meetings. It is his or her responsibility to bring complete psychosocial data to the team meeting.

10. Involved physician. The private physician or house staff physicians taking care of the family under discussion should be invited to meetings to present relavant medical data.

11. Involved police. The police initially involved with bringing a child to the hospital should be invited to the team meeting. In most states, only the police can pick up a suspicious case for investigation; therefore, they may be an important source of information regarding the family's initial reactions.

12. Involved lawyer. The guardian ad litem can be a critical participant in a team session that reviews the standing of a serious case. In some situations, especially when the parents are resistant to intervention, the parents' attorney should also be invited.

13. Involved nurse. In a hospital setting, the ward nurse who provides most of the care for the hospitalized child should be invited to the meeting to present his or her observations and facts on the frequency of parental visiting. In newborns of high risk families, the maternity unit nurse may have valuable information. A community nurse who has contact with the family should obviously attend.

14. Involved educator. In some cases the school principal, the child's teacher, or coordinator of a local day care unit or Head Start class can be invited to a meeting that involves one of his or her students.

15. Other involved agencies. Any other agencies previously involved in working with the family under discussion should be notified of the team dispositional conference and invited to attend (e.g., an ADC worker). Some community teams have found that by including parent participants or minority representatives, the team's appreciation or the reality factors facing these families has improved.

Questions often arise regarding funding of a multidisciplinary team. Usually, the team members are already salaried by county or state funding. A physician can often be found at a neighborhood health center, and a psychiatrist or psychologist at a local mental health clinic. If the team requires a private physician or private psychiatrist, funds must be found to pay these professionals on a fee-for-service basis. Sometimes the psychiatrist will need to be placed on a retainer in order for him to block out two hours a week on his schedule for evaluating new families. If the physician is evaluating less than ten cases a year, he or she may do so gratis. The only team member that requires special funding is the team coordinator. This must eventually become a budgeted, salaried position. In the meantime, the team may find funds from private foundations; Title XX money; or local assistance, such as from the Lions or Kiwanis clubs.

Special Types of Teams

The following teams have distinctive differences from the multidisciplinary consultative teams described in the last section:

1. Hospital based teams. These have one unique feature. The primary workers on each case are usually extremely experienced and of consultant status. The team pediatrician and social worker have actually seen the case first-hand. This arrangement leads to a unique meeting called a "mini-conference." The mini-conference is an unscheduled meeting between the involved social worker and physician during which some preliminary decisions about diagnosis and tentative treatment are reached. This system promotes multidisciplinary decision making before the official team conference.

2. State consultative teams. Some urban teams can provide consultation for less sophisticated counties within their state. Often this consultative unit will be based within a state institution (for example, a state medical center). Consultation can be provided on several levels. The primary team can visit the consultative team, present their problem cases and ask specific questions. In some situations, a traveling consultative team will be in operation. The most efficient mechanism for providing consultative services at a great distance is to use telephone linkage, (i.e., speaker-phone).

3. Rural teams. Over 65% of the American population live in nonmetropolitan areas where the availability of child abuse teams is, naturally, very limited. The basic nucleus for a rural child abuse team includes the county social worker, public health nurse, and law enforcement officer. This team can adequately handle most minor cases of child abuse. The severe cases can be referred to the nearest metropolitan area for a diagnostic team consultation. Expert witness testimony can then be provided by the more experienced metropolitan team. This may be the only way to convince a small town court that child abuse can actually happen in its community. After the hearing, treatment services must be provided by the local community. The metropolitan team, however, can remain available for consultation. Some have recommended that smaller towns join together and form child abuse

teams that cover particular judicial districts, including anywhere from five to ten counties each. The limiting factor in such an arrangement is the distance involved and the amount of traveling that such a team would have to do. This can be overcome with creative utilization of the speaker-phone.

4. Treatment teams. A treatment team strictly reviews cases that are already in treatment. The need for such a specialized team is debatable. Some advocate its formation when a community consultation team has too many cases to handle, as evidenced by team meetings lasting over two hours a week; a team spending over one-third of its time on the review of treatment cases; or a team repeatedly postponing the review of treatment progress in serious abuse cases. Although these findings point to a need for decreasing the team's work load, it would be more logical to form two multidisciplinary consultative teams. New cases could be assigned to each team alternately or by some other, more selective means. Each team, however, would carry cases from start to finish. Diagnostic and treatment decisions regarding a specific family would always be reviewed by the same team. This would provide the same continuity of care from a team that most disciplines find important within their fields.

GETTING STARTED*

Initial Steps

- Designate team members.
  Team members may have indicated an interest in participating on a team or they may need to be recruited. If possible, each team should have a strong community member, such as a physician or court appointee, to give it some political clout. Each team also needs at least one member with the extra energy necessary for keeping it going. Although the ideal team size may be five or six, two or more people should be considered a team. If there are just two members, one of them needs to be the child protective worker and the other a medical person, such as a physician or registered nurse.

- Define roles.
  If roles are initially ill defined, members will become disillusioned and may quit the team. It is unfair to

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expect anyone to adequately learn their role under fire (for example, being berated by angry parents). Therefore, before undertaking responsibilities, new team members should read some general background information regarding child abuse and neglect. Although it is not essential that new members attend a symposium on child abuse and neglect, it is helpful because it allows them to ask experts specific questions that may not be covered in their reading. As a team develops, the work of each member becomes more clarified.

- Stop talking about starting a team.
  Starting a team does not require too much planning; and numerous committee meetings on the subject are usually either a waste of time or a stalling tactic. Basic purposes can be outlined by the group in one or two meetings.

- Start meeting regularly.
  A common time should be found that is suitable for all team members. Thereafter, the team should meet weekly or biweekly and discuss cases that have occurred in its community. The meeting should be regularly scheduled so that it becomes a part of each member's schedule. It is much easier to cancel an occasional meeting that is not needed than to schedule each conference separately.

- Review all cases.
  The developing team should hold conferences on all of its cases. As a bare minimum, each case, including physical neglect and abandonment cases, should be fully evaluated by a social worker and a medical person. If there seem to be too many cases, the less difficult or complex ones can be allotted only five minutes. Major cases usually require 30 minutes each. Only after a system has several years of experience and continuous good supervision, should limiting review to major cases be considered. However, guidelines should be in effect that mandate which cases require review so that important cases are not overlooked because of an individual's preferences. Most of the team's eventual expertise will come from reviewing a wide spectrum of child abuse and neglect cases as well as the many variations found in cases of authentic accidents.

- Utilize all available treatment services.
  The team should become an expert on community resources, relying on agencies beyond those represented by the team members for comprehensive case management. A community directory of human services may be available to determine alternative resources.

Pitfalls

Many teams are delayed in starting reviewing cases because they get bogged down in side issues. The following subjects can be considered "smoke screens." It must be kept in mind that professionals are not immune to them.

- Ideal team size.
  Some teams feel that they cannot start until they have a team psychiatrist and pediatric traumatologist. A team should start with the members it has and grow from that point. As previously stated, team members may be as few as two professionals. The encouraging side of small teams is that they are very efficient.

- Team location.
  By and large, where the team is based does not matter. There are many possible affiliations and meeting places that a team can select. Hospital based, CPS based, and mental health based teams can all function admirably. The more important decision regarding location is that the team attempt to stay in one judicial district and treatment resource boundary if possible.

- Power struggles.
  Unnecessary time may be spent trying to decide who the team leader will be before the team even begins to meet. It is much better if this position is filled when a leader evolves from the team spontaneously.

- Confidentiality.
  Professionals sometimes become very reserved about what data they can share with colleagues in child abuse and neglect cases. This often represents an inability of professionals to trust each other. In all states, physician-patient confidentiality is waived in child abuse cases. All professional data (verbal or written) can be shared, including psychiatric data, as long as it is not highly speculative. Law suits regarding a breach of confidentiality are not successful unless malicious intent is proven. If a team does not communicate, a team does not exist. Information can be legally shared with all child protection team members--not only permanent team members, but also temporary team members who attend a specific team conference because they are professionals involved with that case.

- Child abuse and neglect definitions.
  Teams can become enmeshed in the fine points of defining a difficult diagnosis, such as child neglect. They can ponder endlessly which cases are their responsibility. It is important that the team get on with discussing actual cases, rather than trying to decide in advance the cases in which they will become involved.

- Policies.
  Team policies can be written after the team is active. Fine points of state laws and regulations should not keep the team from reviewing cases. In addition, shortcomings in state laws should not lead to attempts to change these laws rather than meeting around ongoing cases.

- Trying to change the community.
  The community system, in terms of police involvement and limited availability of treatment resources, should not interfere with initiation of the diagnostic team effort. The diagnostic team should fulfill their responsibility appropriately and avoid getting involved with trying to upgrade the community until a later point in time.

Additional Resources

Helfer, R., & Schmidt, R. The community-based child abuse and neglect program. In R. Helfer & C. Kempe (Eds.), Child abuse and neglect. Cambridge, MA: Ballinger, 1976.

Newberger, E. Interdisciplinary management of child abuse: Paper presented at the Fourth National Symposium on Child Abuse, The American Humane Association, Children's Division, Charleston: October, 1973 (Copyright 1975).

US Department of Health, Education, and Welfare, Child abuse and neglect: The problem and its management (Vol. 3, The community team, an approach to case management and prevention. Washington DC: US Government Printing Office, 1976.

WE CAN HELP

Session 10

Contents

- 4 Transparencies (pages 1-4)
- 2 Worksheets (pages 5-6)
- 4 Evaluation Forms (pages 7-10)
- Resource Materials (pages 11-22)

EC 120694

THE COUNCIL FOR EXCEPTIONAL CHILDREN

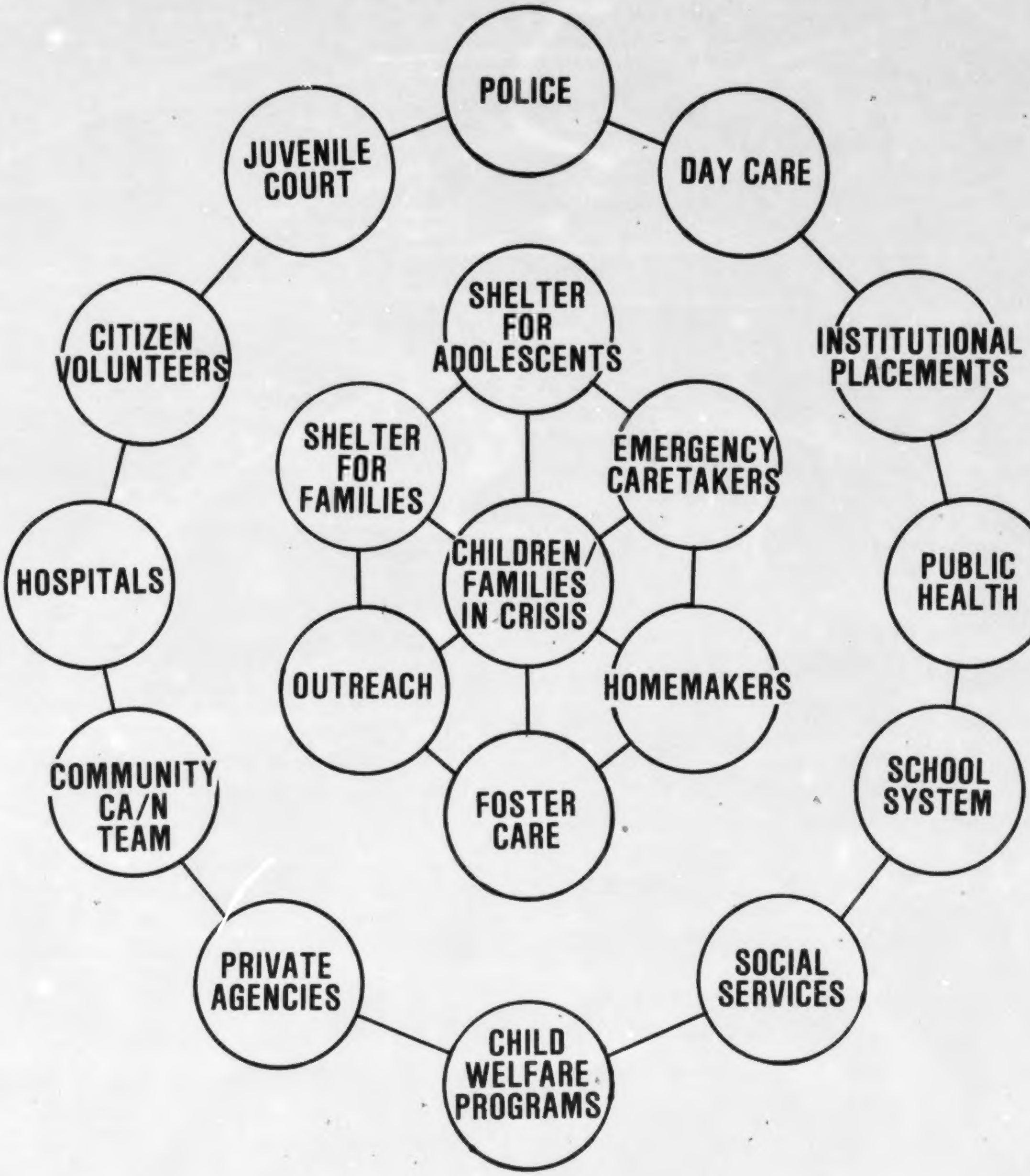
EXAMPLES: PRIMARY PREVENTION SERVICES

- TRAINING PROGRAMS TO IMPROVE QUALITY OF CHILD REARING BEFORE BIRTH.
- PARENTING EDUCATION FOR YOUTH THROUGH SCHOOL COURSES AND COMMUNITY PROGRAMS.
- IDENTIFICATION OF HIGH-RISK INFANTS WHO MAY BE PRONE TO ABUSE OR NEGLECT.
- INCORPORATION OF LIFE SKILLS THROUGHOUT A CHILD'S FORMAL EDUCATION.

EXAMPLES:
SECONDARY PREVENTION SERVICES

- COUNSELING
- GROUP THERAPY
- LAY THERAPISTS
- SELF HELP GROUPS
- PROTECTIVE SERVICE WORKERS
- HEALTH VISITORS
- CRISIS OR CO-OP NURSERIES
- DAY CARE CENTERS
- FOSTER CARE
- CRISIS HOTLINES
- CENTRAL REGISTRY
- PARENTING EDUCATION
- CHILD PROTECTION TEAM (MULTIDISCIPLINARY)

COMMUNITY SERVICES SYSTEM



POLICE

DAY CARE

INSTITUTIONAL PLACEMENTS

PUBLIC HEALTH

SCHOOL SYSTEM

SOCIAL SERVICES

CHILD WELFARE PROGRAMS

PRIVATE AGENCIES

COMMUNITY CA/N TEAM

HOSPITALS

CITIZEN VOLUNTEERS

JUVENILE COURT

SHELTER FOR ADOLESCENTS

EMERGENCY CARETAKERS

HOMEMAKERS

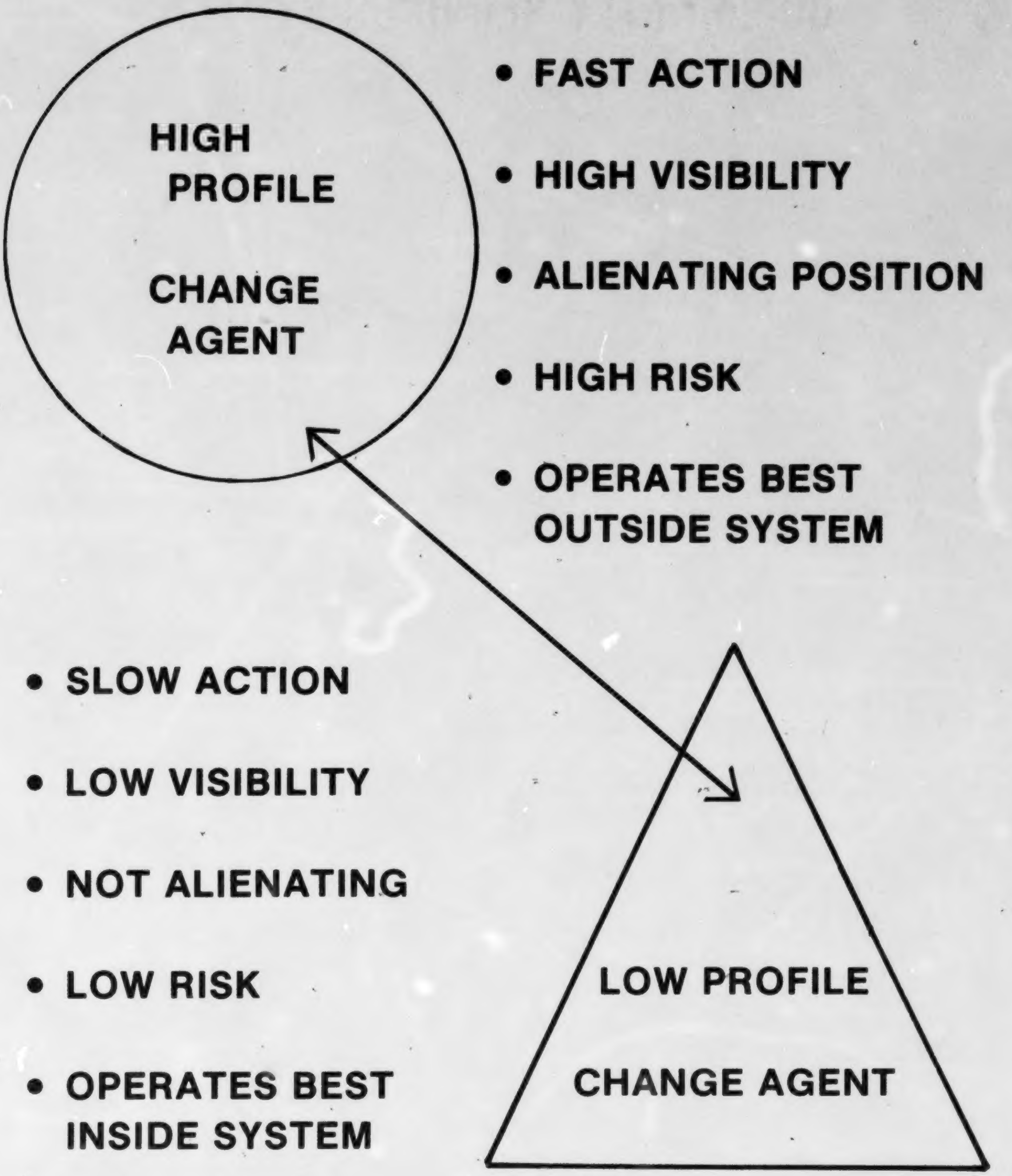
FOSTER CARE

OUTREACH

SHELTER FOR FAMILIES

CHILDREN/ FAMILIES IN CRISIS

ADVOCACY



HIGH PROFILE

CHANGE AGENT

- FAST ACTION
- HIGH VISIBILITY
- ALIENATING POSITION
- HIGH RISK
- OPERATES BEST OUTSIDE SYSTEM

- SLOW ACTION
- LOW VISIBILITY
- NOT ALIENATING
- LOW RISK
- OPERATES BEST INSIDE SYSTEM

LOW PROFILE

CHANGE AGENT

PERSONAL LEADERSHIP STYLE

SELF APPRAISAL

Instructions:
Circle the number that represents the degree to which you contributed to or assumed each leadership function. Base your decision on the team interaction that occurred during this training event. Then request feedback from the team by asking: "What two leadership functions did I perform for the group most of the time?" "In what style did you perceive me acting most frequently--as a task leader or a maintenance leader?"

Group functions	Often	Sometimes	Minimally	Never
Encouraging	1	2	3	4
Expressing group feelings	1	2	3	4
Harmonizing	1	2	3	4
Compromising	1	2	3	4
Gate keeping	1	2	3	4
Process observing	1	2	3	4
Initiating	1	2	3	4
Information or opinion seeking	1	2	3	4
Information giving	1	2	3	4
Consensus testing	1	2	3	4
Summarizing	1	2	3	4
Clarifying	1	2	3	4

TEAM LEADERSHIP STYLES

GROUP APPRAISAL

Instructions:
Select two functions you feel were most frequently exhibited in the contribution of each team member during this training event. Use "1" to indicate "often" and "2" for "sometimes." Then each team member requests feedback from the team by asking: "What two leadership functions did I perform for the group most of the time?" "In what style did you perceive me acting most frequently--as a task leader or a maintenance leader?"

Names of team members

Group functions								
Encouraging								
Expressing group feelings								
Harmonizing								
Compromising								
Gate keeping								
Process observing								
Initiating								
Information or opinion seeking								
Information giving								
Consensus testing								
Summarizing								
Clarifying								

KNOWLEDGE REVIEW

Instructions: Check your rating for each objective in the appropriate box. Base your decisions on the learning experiences you have had during the second phase of training.

I know ...	Very well[a]	Adequately[b]	Not well[c]
1. A rationale for establishing or utilizing existing teams to deal with child abuse and neglect.			
2. Factors that contribute to an effective team system.			
3. Shared leadership functions on an effective team.			
4. An action planning process.			
5. Kurt Lewin's theory for dealing with action blocks.			
6. Types of representation that can exist on a community child abuse and neglect team.			
7. The dimensions of total community involvement when dealing with child abuse and neglect.			
8. Organizational elements involved in a child abuse and neglect outreach program.			
9. Child abuse and neglect treatment and prevention options.			
10. Possible citizen affiliations that make child abuse and neglect action possible.			

[a] Very well = Knowledge is sufficient for present needs.
[b] Adequately = Have basic understanding; need further experience.
[c] Not well = Need further training.

AWARENESS REVIEW

I understand ...	Very well	Adequately	Not well
11. Factors that contribute to group involvement.			
12. The distinction between establishing, building, and maintaining teams.			
13. Types of communication problems that cause a malfunctioning team.			
14. How group conflict can be resolved in productive ways.			
15. The role of the educator on the community teams at three levels of participation.			
16. The effects of intergroup and intragroup communication on program planning.			
17. My personal leadership style.			
18. The leadership styles of the other team members.			
19. The risks involved in choosing to be a child abuse and neglect advocate.			
20. The role of educators in promoting child protection through community education and awareness efforts.			

Comments:

SKILL REVIEW

I can ...	Very well	Adequately	Not well
21. Identify personal and group resources.			
22. Give supportive feedback to team members.			
23. Use different decision making processes when appropriate.			
24. Manage group conflict more effectively.			
25. Apply problem solving steps to a specific case.			
26. Assess resources for action planning.			
27. Design a community child abuse and neglect program as a member of a multidisciplinary team.			
28. Apply team building and maintenance skills in an action planning situation.			
29. Choose an appropriate child advocacy stance.			
30. Assume a leadership role to make child abuse and neglect action possible.			

Comments:

TRAINING PROGRAM CRITIQUE

Your candid responses to the following questions will enable us to find ways to improve the sessions you have just attended.

I. CAPABILITIES OF THE TRAINER(S). To what extent do you agree with the following statements about your training leaders? Please enter your ratings using the following scale: (1) strongly disagree (2) disagree (3) uncertain/neutral (4) agree (5) strongly agree

___ 1. Had a thorough knowledge of the subject.
___ 2. Spoke clearly in words I understood easily.
___ 3. Presented information logically in an easy-to-follow manner.
___ 4. Seemed genuinely interested in whether or not I learned.
___ 5. Clarified difficult points with meaningful examples.
___ 6. Listened carefully to participant answers, comments, and opinions.
___ 7. Made sure participants were active and involved in the learning process.
___ 8. Was available, able, and willing to give help.
___ 9. Made sure I knew where I was going and how well I was doing.
___ 10. Made the learning atmosphere relaxed and informal.

Please make any additional comments concerning your training leader(s):

II. OVERALL IMPRESSIONS. If you could control how time and pressure were used in the program, would you change the following factors? If so, in what direction? (1) decrease it a lot (2) decrease it a little (3) leave it as it is (4) increase it a little (5) increase it a lot

___ 11. The total length of the program sessions.
___ 12. The pace at which you're required to work.
___ 13. The amount of out-of-class work.
___ 14. The difficulty of the program content.

What is your overall impression of the training program? (Circle one).
(1) very poor (2) poor (3) fair (4) good (5) excellent

Please list the most and least valuable aspects of this phase.

MOST VALUABLE LEAST VALUABLE

What changes, if any, would you recommend before asking another person to attend this training program?

RESOURCE MATERIALS
SESSION 10

SCHOOL SERVICES FOR PRIMARY PREVENTION

As both Richey (1977) and Broadhurst (1979) have pointed out there are two approaches to the prevention and treatment of child abuse and neglect: (1) prevent abuse and neglect from ever occuring, and (2) assist in preventing its recurrence. Educational planners and policy makers need to determine how to incorporate these approaches into a school district's programs and services. Because child abuse and neglect is a community problem, educators need not shoulder this burden alone. Both internal school programs and outreach efforts will profit from affiliation with other professional community agencies.

At all levels within a local education agency or school system, there are unique and important contributions to be made toward achieving primary prevention of abuse and neglect. Responding in schools with increased awareness, sensitivity, and programs aimed at primary prevention calls for a coordinated, communicating, and open system marked by a flexibility to change, an ability to engage in program development, and a commitment to the principles of individualization. While these precepts may sound like so much warmed over educational rhetoric, they are nonetheless critical prerequisites. If there is no incentive or mechanism for change and growth within a school, then new programs of abuse and neglect prevention will not be developed. And if we as educators cannot or will not deal with children on a one-to-one basis, then the child or youth at risk may be overlooked altogether.

School systems are entrusted with developing the primary resource of our culture--its children. The nature of their growth and development will determine their subsequent contribution to society as adults. It will also determine their ability to create strong families of their own in which the next generation will be raised. Developing children as future parents is perhaps the most important task of the educator--and the most effective prevention of future child abuse and neglect. The programs discussed in this section outline several directions schools can take in strengthening current services for developing the total child. These programs also offer suggestions for primary prevention services to families and to the community so that immediate steps may be taken to enrich lives and improve the way community members function.

Parent Education Training

As educators we are all too often willing to project our feelings of failure and frustration related to teaching and managing students onto their parents. Such comments as, "No wonder he behaves like that (badly), just look at his home situation," are commonplace in the teacher lounge, in meetings, and elsewhere around school. Perhaps you have found yourself making similar statements. Admittedly, there are a number of ways in which inappropriate or inadequate parenting can make it difficult or even impossible for us to facilitate learning. But the real issue is our ability to convert the identified problem to constructive action.

One way schools can make a positive impact on this dilemma is to sponsor parent courses on understanding and dealing with their children's behavior, improving parent-child relationships, and fostering learning. The most recent Gallup poll of the public's attitudes toward the public schools (Gallup, 1977) indicates that there is growing acceptance of the idea of offering parent courses as a part of the public school's role. In the 1977 poll parents voted nearly 4 to 1 in favor of parent groups, and they indicated a willingness to pay additional taxes to support this activity.

Numerous books, guides, and curricular materials representing a variety of theoretical viewpoints and methods have been developed and are readily available for use by educators in parent groups. The Education Commission of the States (1976) has made available through a child abuse project a report delineating parent education as a primary prevention strategy for abuse and neglect. The report also highlights the need for parent education efforts that do not focus on either child or parent but rather on the interaction between the two with the "family system" (Bronfenbrenner, 1974). The potential for provision of parent education by educators is immense. There are a variety of school personnel, including classroom teachers, special educators, counselors, school psychologists, and principals, who might legitimately and effectively plan and implement parent education groups. In light of the apparent desire by parents for courses, the availability of resources in our school systems, and the existence of teaching guides and materials, the time seems right for a significant response by educators to this need.

Early Intervention Programs

In recent years increasing attention has been given to the importance of the preschool period in the development of the child, and especially to the critical need for early education and training for handicapped children and those growing up in impoverished environments. Research suggests that children born to parents in impoverished environments are at high risk to be developmentally delayed. There is evidence that the potentially harmful effects of a variety of handicaps, including developmental delays, behavior disorders, and other conditions, may be reduced or eliminated by sound programs of early intervention and prevention. Recent legislation at the state and federal levels points out the concern for providing early assistance to this population. Public Law 94-142, Education for All Handicapped Children Act, offers incentives for school systems to provide programs for handicapped children beginning at age 3. Most state mandatory special education laws now require that handicapped children from age 3, and in some instances from birth, be provided a free and appropriate public education.

Studies of the characteristics of abused and neglected children suggest that those with cognitive, neurological, and behavioral defects are much more susceptible to maltreatment, primarily because of the discrepancy between child behavior and parent expectations and the increased stress on the family. That fact, together with the knowledge that approximately one-half of all maltreated children are under 6 years of age, speaks emphatically--preschool education and training programs can be considered preventives of abuse and neglect. In addition to early programs for handicapped and disadvantaged children, schools might provide other early childhood services such as infant stimulation, day care, crises nursery programs, and baby sitting services.

Affective Education

At issue today in our public schools is the scope of the curriculum from kindergarten through grade 12. Most advocates of the "back to basics" movement believe that the primary, and in some cases the exclusive, role of the public school is to ensure that children gain basic academic and cognitive skills. This movement represents a conservative swing of the pendulum, and it is likely to have both a positive and negative impact on schooling. Without getting into the complex and confusing debate about the goals and emphasis of public education, the position taken here is that a failure to provide a significant focus on social and emotional development in schools, at all grade levels, will have a detrimental effect on a child's future personal adjustment and preparedness for successful parenthood. If education is to achieve its broad goals of developing responsible and competent individuals, attention must be paid to the affective as well as the cognitive domain of human life. This may be especially true for children who do not have stable, nuturing home environments where attention is given to social-emotional needs. If it is indeed true that the maltreated child of today becomes the maltreating parent of tomorrow, then it behooves the school system to emphasize some goals that assist the child or youth in such areas as values clarification, self concept, and self control. It is hoped that such an emphasis will somewhat counterbalance the destructive model children are getting in their families.

For some high school juniors and seniors, social science courses--psychology and sociology courses, specifically--may be valuable for primary prevention of abuse and neglect. Students may gain important insights into their own feelings and motives, as well as those of others, which will assist them in making decisions about marriage, having children, and child rearing styles.

Schools also can offer courses in life skills. Such courses teach students how to cope with crisis, the effects of stress, and where to locate community resources when help is needed for specific problems. Life skills courses may include such information as how to complete an application, where to obtain financing for major purchases and what the lending terms entail, and the legal rights and responsibilities of citizens. The aim is to make the student as self sufficient as possible.

Stress plays an important precipitating role in child abuse and neglect. Lack of successful coping skills, a reduced ability to ask for and accept help, and a low level of self sufficiency have been cited as characteristics common among abusive and neglectful parents. It is possible that by making students more self sufficient and better able to handle crises, their life skills can be enhanced and their life stresses reduced.

Family Life Education

An increasing number of public schools, especially at the secondary level in grades 10, 11, and 12, are recognizing the importance of providing courses and content in parenting, child development, and family life education for both boys and girls. By providing child care services for normal and exceptional children schools can meet two important needs--education and nurturance for young children, and valuable "hands on" training for high school students. Bronfenbrenner (1970) has cautioned that in the United States we have developed a tendency to fragment and isolate ourselves by age groups and that this is detrimental to family life and the development of values and morality systems. This fragmentation may have a negative effect on the readiness of adolescents for parenthood. Many young parents lack basic parenting skills, don't know what to expect of their infants and young children, and lack information on which to base a decision about having a child. All of these factors are associated with high risk for abuse or neglect. Family life education at the secondary level, by providing youth an opportunity to experience those things in a supportive environment, may lead to more responsible decisions and better preparation for the many demands of parenthood. Many school systems have adult education programs through which they offer courses dealing with a variety of topics in the area of family life. There are numerous examples of successful activities offered through vocational home economics education programs. These programs have focused on the growth and development of children, relating to children and enjoying their company, and the responsibilities of parenthood.

Parenting education is not synonymous with sex education; rather, it centers on providing students with knowledge and experiences in child growth and development. Many junior and senior high schools have replaced the traditional home economics courses with parenting education courses open to both boys and girls. A number of these design their programs so that students are in direct contact with children. In addition to learning what to expect developmentally of a child at an early age, students become familiar with child nutrition, behavior management, and play experiences that stimulate learning. It is important that parenting education be mandatory for boys as well as girls. Traditionally, such courses have appealed principally to high school girls. Limiting these courses to such a small population means that the vast majority of future parents receive no training or education for what will prove to be one of the biggest challenges they face as adults.

Information about child development can also be incorporated into the elementary school curriculum. For example, young children are fascinated by stories of animal family life and can begin to translate these learnings to the human family. Many elementary schools have been successful in teaching their students about learning and development by having older students help younger ones in a peer tutoring or buddy system. Learning about children and families should be a continuous process throughout a child's formal education.

Programs for Adolescent Parents and Their Children

One specific group schools must address is adolescent parents. Adolescent parents are at high risk for problems in several areas: finances, health, housing, employment, and child abuse and neglect. Schools must begin to consider specific programs to help adolescent parents stay in school and strengthen their family life.

Unfortunately, some school districts exclude married students and adolescent parents from regular academic programs and extracurricular activities. This exclusion only heightens the loneliness and isolation many of these adolescents already feel. Schools must develop alternative programs that allow these students access to their friends while providing them the specific help they need to cope with the double demands of school and family. Some schools provide special programs for the children of adolescent students. Both the parent(s) and the child attend school, the child being cared for in a special child care center. The parents go to regular classes, but they also spend time in the child care center, observing and caring for all the children there. Such an arrangement offers a unique training ground for parents and an enhanced learning experience for children.

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ELICITING COMMUNITY SUPPORT

A community's first line of defense against child abuse and neglect is prevention. However, when prevention fails the community must have (1) the capacity to identify or recognize the symptoms of child abuse and neglect; (2) procedures for reporting such incidents to appropriate authorities to ensure that there is some intervention to protect the child; and (3) the capacity to refer cases to appropriate treatment resources and ensure that treatment is as effective as possible. An outreach effort can ensure ongoing family assistance and provide awareness information to the community at large.

Public Education

Children are abused in the privacy of the home. Their families are typically isolated from friends and relatives; and neighbors, not wanting to become involved, may simply ignore a child's screams, scars, or neglected condition. As late as 1966, one authority, Elizabeth Elmer, wrote of the "social taboo" surrounding child maltreatment: "We resent the evidence that vindictive impulses exist in others and may therefore exist in ourselves. Hence, the 'cloak of silence' and the determined actions to eliminate or disregard the evidence." (1967, p. 596)

As long as people are reluctant to accept the reality and seriousness of child maltreatment, children in need of protection are likely to remain at risk, and parents in need of help are likely to remain isolated with their problems. The public needs to know that abuse and neglect can occur in any neighborhood and in any family. People need to understand the necessity of reporting their suspicions that a child may be at risk. They must be informed about the procedure for making a report. And, most important, they need to be familiar with the types of services available to families with the problem of abuse or neglect.

Dr. Vincent Fontana suggests an additional focus for public education: public awareness of the problem of maltreatment should include awareness of the need for people to reach out--in a personal, caring way--to isolated families. Perhaps public education could include promotion of "the idea of neighbor helping neighbor or running next door to offer coffee and sympathy." This focus not only would clarify the "helping" aspect of the community's approach to cases of maltreatment, but also might help to prevent the abuse or neglect of a child.

This level of knowledge and awareness might well be the object of a long term public education program. In the shorter term, a brief but intensive information campaign can sensitize the public to the problem. The development of educational programs can involve any of a number of people and groups--an educational specialist from the community mental health center, the department of social services, a university, or the school system; professionals skilled in working with groups; someone experienced in the production of audiovisual presentations; an advertising agency; or groups such as the League of Women Voters or the Junior League. The work of these people--the education component of the community team--falls into four basic areas: education of the public; education of professionals who deal with children; training of those directly involved in cases; and public relations. Their efforts will determine, at least in part, the effectiveness of case management in the community.

Public Awareness

Public relations activities are a natural outgrowth of educational programs. Public awareness of the community-team program likely will generate interest among laypeople and professionals as well as increase community involvement in the program. But members of the program's education component also should take specific steps in the direction of public relations.

The press should be kept informed of program accomplishments and activities--the establishment of a protective service unit or a parent aide program, notices of symposiums, or the creation of a crisis intervention "hotline." Members of the program should try to obtain the support of local professional associations and should actively seek to involve both professionals and interested laypeople.

Fund raising is another obvious PR activity. Members of the program will have to obtain funding for the salary of a program coordinator, the expenses of volunteer parent aides, the salaries or expenses of members of a speakers bureau, and various other expenses. But fund raising for the program should not be attempted until program components have been established and the members of the community team are able to work together smoothly.

Public relations might also focus on legislative activity. In Montgomery County, Maryland, for example, members of a task force on child abuse promoted legislative revisions which subsequently were included in the state's child abuse statute. In addition, community leaders should make legislators on the local, state, and national levels aware of the problem of child maltreatment and the need for appropriations for programs and trained staff. The kinds of public relations work a community program undertakes, like every other facet of the program, will be determined by the needs and resources of the community.

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CHILD ADVOCACY

Educators as Child Advocates

Child advocate is a term that has emerged recently and has been the subject of considerable discussion. At the center of the child advocacy movement is the assumption that institutions and systems, including public school systems, are inherently self serving and have in themselves no structure to advocate for children. However, individuals who are part of the system--for example, teachers--may be advocates. The need for advocacy arises when there is a "lack of fit" between the needs of a child and the needs or demands of some element of the system. It is characteristic of children who require advocacy that they are the ones for whom it is most difficult for many educators to advocate. Abused and neglected, handicapped, troublesome, demanding, and minority children collide with the system more often than others, requiring an advocacy posture by some adult(s) in their lives.

In a consideration of the teacher's role in prevention and treatment of child abuse and neglect, Howell (1977) points out that teachers must be advocates. She states,

> The role of the teacher is truly to serve as the child's advocate, but one cannot serve as an advocate unless one is willing to accept simultaneously the role of parent supporter. The child cannot be protected, cannot be helped unless the source of the problem--the family--is also helped. The teacher must be willing to be of help to all members of the family in order to save the one.

An intervention on behalf of a child means that the person or agency is acting in an advocate role. A teacher who identifies an abused or neglected child is calling attention to a situation that needs to be changed. The advocacy process can be viewed from several perspectives: (1) protecting children's rights, (2) identifying unmet needs, gaps in service provision or delivery, and (3) helping people to help themselves. A leading practitioner of child advocacy in Illinois stated that the concept of advocate has a different meaning to almost every person who uses the term. It means legal counselor, spokesman, supporter, pleader, defender, protagonist, intercessor, proponent, mediator, monitor, petitioner, activator, coordinator, ombudsman, expediter, enabler, promoter, protector, instigator, investigator, and exposer. There are two important common elements in these meanings: first, all are activist terms, and second, all imply that the activity is in behalf of another person or cause. Regardless of how child advocacy is defined it is basically a systems intervention to make a situation more humane or functional. In the area of child protection the system may represent the family, the total community, social service agencies, the school district, or even public government. Because these are complex human organizations it is important for an advocate to have (1) change agent skills, and (2) an understanding of the system in terms of values and norms, communication patterns, roles of group members, group and individual goals, and environmental influences.

Advocacy addresses the issue of systemic change. This has been described as activity on behalf of children that is designed to change systems rather than relate to individual case problems. While the individual case or group situation may be the focal point to generate systems change, the crux of advocacy cannot be from case to case but must be intended to solve the problem of an entire class of cases through system change. These actions require program planning to be effective.

Administration for Children, Youth, and Families (ACYF)

Among all the agencies within HEW, the ACYF has funded the largest number of child advocacy programs. In a sense, the programs funded by this agency represent the entire national picture of child advocacy in microcosm, and they provide remarkable illustrations of both the diversity of programs and the conceptual confusion that currently prevails about advocacy.

ACYF defines child advocacy as an active effort to be aware of, understand, and modify when indicated those conditions that pertain to the well being and development of the nation's children. To carry out this function effectively, ACYF must coordinate research and service delivery, develop new services where necessary, and utilize existing programs and knowledge for the ultimate benefit of all children.

Included among the child advocacy programs funded by ACYF are community, county, state, and national programs. Some focus on a wide range of children's needs; others concentrate on only one. Some emphasize class advocacy exclusively, some feature case and class advocacy, and some are involved only in case advocacy. Most of the projects define advocacy as being synonymous with coordination; a few have no concept of advocacy or fail to see it as relevant to their programs, although these programs are listed as advocacy demonstrations.

The following list illustrates the diversity of child advocacy projects funded by ACYF:

- A statewide program to influence relevant legislation and coordinate and enhance public child welfare services.
- A parent education program in a pediatric clinic.

- A medical center and counseling program for teenagers.
- An adoption project focused on the black child.
- A 24 hour emergency service for children in crisis.
- Several family day care programs.
- A project to develop a method for reporting research that is relevant to children.

Advocacy Programs

There does not seem to be a significant geographic pattern in the distribution of these programs. Thirty-four states have at least one child advocacy program, and some have as many as twelve. In general, the more densely populated states and states with a tradition of interest and concern for social welfare have more programs, as might be expected. Child advocacy is unquestionably an urban phenomenon. Excluding national programs, less than 10% of the programs are located in rural areas and approximately 66% are in major urban centers.

In brief, child advocacy programs report that they are involved in activities such as information and referral; counseling; assisting families having a wide range of problems; legal representation of families and children; efforts to "divert" delinquents from antisocial patterns; efforts to reform or improve schools, health programs, and the like; community action to improve neighborhoods or influence agencies or authorities; planning, coordination, and service initiation; and grievance procedures. Obviously there is a need to clarify whether all or some of these activities are advocacy or whether they are activities that can support an advocacy component.

The overall picture may be described as follows: Child advocacy in its initial and most undefined and unstandardized period, is a nationally distributed, urban, small scale, recent development. Programs tend to cluster at either the state level (with state funding) or at the community level (with federal funding). They operate primarily under public auspices and, to a lesser extent, mixed auspices. The programs encompass both the provision of direct service and social action, with various degrees of emphasis. Most serve both children and their families, rather than just children. A few, especially those that focus on youth, distinguish between the interests of children and their parents and may even recognize a degree of conflict of interest.

The most distinct characteristic of child advocacy programs (as displayed in questionnaires and interviews) is the concern about service delivery systems. This emphasis derives from a new perspective on child development that differs from that of traditional child welfare programs. All child advocacy programs seem to adopt the orientation that many institutions strongly influence child development--schools, hospitals, courts, neighborhoods, the mass media, and other institutions, as well as the family. (This orientation is sometimes called an "ecological" or a "systems" approach.)

This has been said before--child advocacy programs, when authentic, try to live by an ecological approach. They consider it essential that efforts be made to enhance transactions not only between children and their families on the one hand and the various service systems that impinge on their lives on the other. Related to this perspective is the belief expressed by most child advocacy programs that certain services are essential for healthy child development and therefore must be made available to all as a matter of right. And because the focus is on rights and entitlements, it is vital to make these service systems more accountable to consumers.

Advocacy Roles

The role of advocate, for which no special training tends to be provided, is not precisely defined and is therefore not assigned to any specific personnel. Advocacy activities are carried out by boards, administrators, staffs, clients, and volunteers. Staffs appear to predominate in the advocate role and the staff categories include both professionals and paraprofessionals. Although indigenous paraprofessionals predominate among staffs, the terms professional and paraprofessional are used so loosely (often to suit funding-source requirements) that no valid conclusion can be reached with regard to the qualifications of most paid personnel.

However, it is now recognized that an effective advocate does have the ability to create change. It is also known that this occurs through people who are familiar with the situation and have the expertise to make system interventions. When working with child abuse and neglect it is necessary to identify community advocates who can help solve problems, because they already have a common point of view.

> A school teacher or principal may help with identification of abuse and neglect in the schools; an editor or advertising agency may help with public information work; a legislator or mayor may work toward improving laws concerning abuse and neglect; the administrative heads of agencies can help smooth out coordination of services.
>
> Among the advocates should be representatives of citizens in the community. The program must reflect community as well as professional standards. No service can reach its greatest effectiveness without community support. Dr. Edmund Pellegrino has observed that "the health professional is always in danger of extending his authority in technical matters over the patient's system of beliefs and values." Many ways to involve citizens in the planning process have been suggested, ranging from forming a citizens council which would act as an advisory group, to membership of laypeople--including former abusive parents--on committees or planning and evaluation teams. (US Department of Health, Education, and Welfare, 1976)

Advocacy Training

The next step is to provide training that will enable these significant persons to plan and act in a coordinated way. There seems to be a general gap in advocacy efforts. According to one national report, well over two thirds of the programs report that they either have no training program or conduct an agency based program. Program directors strongly emphasize that if advocacy is to become an effective activity, more training and training resources are needed both for paid staff and citizen volunteers.

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